Individuals, Families and Communities Achieving the Best Possible Health and Wellness

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2002-2003 Annual Report

OFFICE RÉGIONAL DE LA SANTÉ DES PARCS

PARKLAND

REGIONAL HEALTH AUTHORITY

104-03148/

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Section 1
Introduction

Message from the Chair of the Board

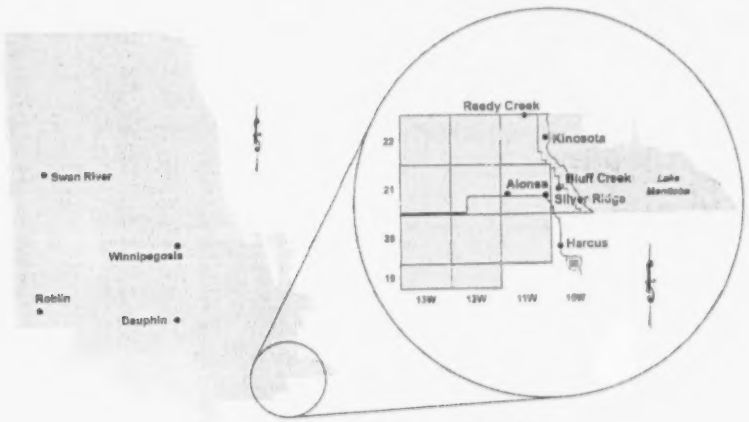
Merv Toderain

It is with pleasure that I present, on behalf of the Governing Board of Directors, the Sixth Annual Report of the Parkland Regional Health Authority. This report covers the fiscal year from April 1, 2002 to March 31, 2003.

Summarizing a year in health service delivery is a daunting task. However, I reflect back over the past year echoing the Board's sense of pride, satisfaction and accomplishment in a year which was marked with several progressive steps.

Our Board has worked diligently to address the issues and concerns surrounding health and health care delivery in the Region. As we work towards improving and enhancing health services in the Parkland, we do so with the mindset that our health system continues to face several challenges including financial and human resource implications.

Several key events occurred over the past year which warrant mention. In late October, the boundaries of the Parkland Regional Health Authority grew slightly. As a result of a request from the R.M. of Alonsa, a portion of the R.M. that had been within the boundaries of Central RHA, was transferred over to the PRHA to more accurately reflect service delivery.



PARKLAND RHA

The Board also approved new *Values Statements* in an attempt to clearly define the organization's core values. In affirming the new Values, the Board declared the expectation of itself and others with the PRHA, that these principles guide our interactions and decisions. The Leadership and Partnership Team hosted a well-attended *Quality Improvement Mentoring Day* in December. The purpose was to further develop quality improvement

Quality Improvement Day – A Quality Improvement Mentoring Day was held in December 2002.

frameworks and processes at the site level and share experiences with the RHA Board and management and with affiliated facilities, their Boards of Directors and managers.

"The Board also approved new Values statements in an attempt to clearly define the organization's core values. In affirming the new Values, the Board declared the expectation of itself and others within the PRHA, that these principles guide our interactions and our decisions.
-Merv Toderian

In keeping with the Board Vision, "*Individuals, families, and communities achieving the best possible health and wellness*", we have enhanced our focus on partnerships, visibility, linkage and communication within our Region. As part of our monthly Board meetings, which are rotated throughout the Region, we meet with the Region's municipal governments, members of School Divisions and our affiliated facility Boards.

The Board meets regularly and relies on input from four Advisory Councils as a means of linking back to communities. These Advisory Councils are an important mechanism for participation and planning within the Parkland health system. The role of Advisory Councils is to understand issues, focus on priorities, balance alternative approaches and recommend solutions and actions to the Board.

"...Advisory Councils are an important mechanism for participation and planning within the Parkland health system."
-Merv Toderian

A special *Advisory Council Workshop* was held in September and it helped to fine- tune the role of the Board's Advisory Councils and as a result, a Focused Conversation Calendar was drafted to use at regular meetings throughout the year.

During the past year, the Board held a *strategic planning session* to review and amend its Ends Policies. Ends are the measurable goals, impacts and outcomes the Board wishes to achieve.

In October 2002, a Parkland resident and former health care worker was honoured with the Judge J.M. George Memorial Award. *Yvonne Hrynkiw* of Dauphin was recognized for her long and distinguished career in health service in the Parkland and in the Province. This annual award is presented at the Provincial Health Conference and recognizes contributions made to health care.

Prestigious award- Long time health care administrator Yvonne Hrynkiw displays the 2002 Judge J. M. George Award with PRHA Board Chair Merv Toderian.

The Board has endorsed a position paper on *second hand smoke* which was prepared by RHA staff. In it, the PRHA calls for public policy to eliminate second-hand smoke from all indoor public places and workplaces. As part of regular meetings, the PRHA Board asks municipal leaders to pass no-smoking bylaws in their communities; proactive work continues in that regard.

The PRHA's *Annual General Meeting* featured Mr. Tom Keep, Public Affairs Director of the City of Brandon who discussed the second-hand smoke issue and Brandon's challenges to implement a no-smoking bylaw.

I would like to thank retiring Board members *Diane Kichuk* of Minitonas and *Terry Vopni* of Swan River for their commitment and dedication over the past year. I commend them for their contribution to the Board's mission.

In closing, I pass along a thank you to our management, staff and volunteers for the commitment they bring to their work.

Merv Toderian
Board Chair

Message from the Chief Executive Officer

André Rémillard

It is with pleasure that I submit the 2002-2003 Annual Report for the Board's consideration. A number of significant events took place throughout the fiscal year that will no doubt play a role in shaping health service delivery in the Region for years to come.

In order to achieve the PRHAs vision, "Individuals, Families and Communities Achieving the Best Possible Health and Wellness", we must continue to not only emphasize the treatment of the sick, injured and infirm, but we must also recognize the need for health promotion and wellness and the prevention of injury and illness.

The PRHA continues to follow up on the first-ever Regional Accreditation Survey which was completed during the last fiscal year. The Canadian Council on Health Services Accreditation awarded the Region a *"Three Year Accreditation with Report"* status. In effect, the PRHA needs to "report" back to the Council on specific areas that could use some improvement prior to the next Survey. The four areas include:

- *Implementation of a regional quality monitoring network;*
- *Development of a regional ethics and framework policy;*
- *Development of policy and processes for participating in research;*
- *Development of a regional process for addressing complaints.*

The Accreditation process is extremely important as it helps us to compare our organization's services and methods of operation against a set of national standards, while at the same time, allowing the development of short and long term plans specific to the Region. We look forward to following through on recommendations by the end of 2003.

"...In order to achieve the PRHAs vision, "Individuals, Families and Communities Achieving the Best Possible Health and Wellness", we must continue to not only emphasize the treatment of the sick, injured and infirm, but we must also recognize the need for health promotion and wellness and the prevention of injury and illness."
-André Rémillard

On the subject of awards, one of our Region's physicians and general surgeons received a prestigious honour in early 2003. ***Dr. Allan Lysack*** of Dauphin was among 100 new appointments to the Order of Canada, unveiled by Governor General Adrienne Clarkson. Dr. Lysack helped to establish the province's first rural intensive care unit and he has been a role model and mentor to many young physicians. He has served residents and patients in the Dauphin and Parkland Region for 45 years. Congratulations Dr. Lysack!

During National Nursing Week in May 2002, **Debra Hamilton**, a Registered Nurse from Gilbert Plains, was recognized by the College of Registered Nurses of Manitoba (CRNM). The award was in the category of "Excellence of Professional Nursing- Nursing Administration". Congratulations Debra!

"The PRHA believes strongly in participating in a collaborative approach towards better health and wellness for Parkland residents."

-André Rémillard

The PRHA believes strongly in participating in a collaborative approach towards better health and wellness for Parkland residents. One of our partner organizations, **Healthy Dauphin Committee**, won the 2002 Manitoba Public Health Association Healthy Communities Distinguished Service Award for its dedication and contribution to the public health sector. Congratulations to all members of the Healthy Dauphin Committee!

Despite our many successes of the past year, the PRHA continues to face the ebb and flows of financial challenges. As a result of those challenges, the PRHA managed to record a surplus of around $434,000 during this fiscal year. In the previous Fiscal year, the PRHA incurred an operating deficit of $429,000.

Several human resource challenges lie ahead. Recruitment and retention of qualified health professionals are ongoing concerns and the objects of a great deal of effort.

In terms of capital projects, the PRHA and Manitoba Health continue to move forward with construction of a new hospital in Swan River, and blueprints for a new community health services building in Dauphin.

I would like to take this opportunity to thank RHA staff and management for their significant efforts and contributions throughout the year. Without their commitment to the Board, and to our customers, the citizens of the Parkland Region, little could be achieved or accomplished. The many successes and developments that have occurred within Parkland Health Region have been because of the dedication and passion that our employees bring to their work.

I would also like to recognize the invaluable contributions made by the Region's health sector volunteers and volunteer health organizations over the past year. The PRHA could not be successful without volunteers, partnerships and the efforts of volunteer

organizations. Recent statistics from **Auxilians** documented that Parkland residents received over 29-thousand hours of volunteer service and benefited from over $74,000 dollars in the form of equipment purchases and support to facilities in the Region in 2002.

The PRHA also benefits greatly from the work of **Hospital Foundations** in the Region that generously contribute towards equipment purchases, capital improvements and specific initiatives like the state-of-the-art MB Telehealth Program. To all, a very gracious thank you!

In closing, we appreciate the direction and support provided by the Board, and look forward to another challenging and successful year ahead.

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André Rémillard
Chief Executive Officer

Executive Summary

The Parkland Regional Health Authority is responsible for the planning and delivery of health services to meet the needs of the population of the Region.

This report chronicles the activities and accomplishments of the RHA's sixth year of operation, 2002-2003.

The Health Status section of the report describes the Region's health status using health indicator data provided to or collected by the Regional Health Authority and is based on Manitoba Health's Provincial Health indicators. Most indicators suggest the PRHA compares favourably to the rest of the province. Issues that require attention in the region include:

- *High[1] incidence rate of cervical cancer;*
- *Low cervical cancer screening rates;*
- *High rates of smoking during pregnancy;*
- *High birth weights;*
- *High obesity rates, and;*
- *High incidence and [2]prevalence of diabetes.*

The Parkland Regional Health Authority is responsible for the planning and delivery of health services to meet the needs of the population of the Region.

2002-2003 Year's Activities section identifies activities and progress of the Authority in the Region's key service areas. Highlights include:

Public Health Services:

- West Nile Virus (WNv), a newly emerging disease in Canada, required a significant public health response. Parkland identified one positive bird and one positive horse in 2002/03.
- A Regional Communicable Disease Response Team has been implemented using an incident command structure to address planning and response to WNv and other emerging diseases.
- Participated on the Manitoba BabyFriendly™ Coordinating Committee which developed and shared information and strategies to promote breastfeeding in the Region and across the Province.
- Through partnerships with reserves, Aboriginal Head Start Programs, nursery schools, day cares and parent child centres, facilitated sessions on pre-natal nutrition.

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[1] ***Incidence*** *is the number of new cases occurring in a given time period.*
[2] ***Prevalence*** *is the number of existing cases in a given time period.*

- In partnership with Frontier School Division, developed and implemented a resource guide for the healthy food policy for schools and offices which was implemented in eight schools in the Region.
- Completed local implementation of the First Step Program, a research study involving a physical activity program for people with Type 2 Diabetes.
- Developed a Regional position statement on second-hand smoke.
- PRHA Annual Influenza Campaign provided a total of 4,326 influenza immunizations to Parkland residents.
- The Pneumococcal Immunization Program saw a total of 493 clients immunized by Public Health Nurses or at Personal Care Homes.
- The Hepatitis B Immunization Program for Grade Four students has become part of the regular immunization program that public health nurses provide for schools in the Region.
- The PRHA continued to work with the Manitoba Cervical Screening Program to develop a strategy for the Region to increase cervical screening rates through promotion, education and screening.

Acute Care Services:

- Regional Working Groups have been established to develop policies, procedures and processes to enhance service delivery in response to the recommendations outlined in The Report of the Manitoba Pediatric Cardiac Surgery Inquest and resulting Review and Implementation Committee for the Report of the Manitoba Pediatric Cardiac Surgery Inquest.
- A single patient/resident care charting system has been adopted for use by all hospitals and personal care homes throughout the Region. This standardized charting system will provide a consistent approach to the recording of quality patient/resident care information which meets care provider needs, legal requirements and professional/organizational /Manitoba Health standards.
- The Swan Valley Facilities Board held community meetings in Swan River, Cowan and Mafeking the week of November 18, 2002 to update the communities in the area on the progress of the new Swan Valley Health Centre project. Planning for the Health Centre continues.

Emergency Health Services:

- In conjunction with Manitoba Health, assigned two new Ambulances within the Region in Swan River and Ste. Rose.
- To enhance access to pre-hospital care in the northern part of the Region, a strategy was developed for service delivery in Mafeking and the surrounding area.
- In partnership with the Town and Rural Municipality Grandview Councils, a strategy to rebuild the Grandview Ambulance Service was implemented.

Diagnostic Services:

- The Region approved the introduction of a new blood testing analysis to more accurately diagnose heart attacks. This new diagnostic tool, known as "cardiac markers", will provide timely, accurate information to aid in the appropriate diagnosis and treatment of patients with chest pain.

- Dauphin and Grandview supported Radiology Technologist students during four weeks of their rural rotation practicum providing technical instruction.

Therapy Services:

- The Physiotherapy staff saw 1,340 new inpatients/outpatients during 2002/03 with a total of 10,921 client visits. 1,594 new inpatients/outpatients were seen the previous year with a total of 10,298 client visits;
- The Occupational Therapy staff saw 490 new outpatients/inpatients during 2002/03 with a total of 3232 client visits. 424 new outpatients/inpatients were seen the previous year with a total of 2,024 client visits; and,
- The Speech Therapy staff saw 146 new clients with a total of 824 client visits. 55 new clients were seen the previous year with a total of 729 client visits

Home Care:

- Commenced development of Home Care Operational Manual. When completed, this manual will enhance consistency in program delivery across the Region as recommended in the regional review of the Home Care program completed last year.
- Reviewed and developed plans to revise the Home Care After Hours and On-Call systems;

Long Term Care:

- Developed action plans with the Personal Care Homes surveyed in the Region to address specific improvements required to meet Long Term Care Standards as identified in the Year 3 Manitoba Health Standards review;
- Established Working Groups to develop Regional policies and standardized processes as identified by the Manitoba Health Standards Review recommendations to enhance service delivery;

Mental Health Services:

- Mental Health Promotion Committee won a national award from the Canadian Psychiatric Association for their innovative suicide awareness campaign. This was a theme for mental illness awareness week in the fall of 2002.
- The Primary Health Care approach has provided an opportunity to enhance mental health primary prevention activities in the northern part of the Region.
- In recognition of workload and the need for clinical supervision, a .5 clinical services supervisor was hired for Mental Health. This part time position is regional with a home base in Swan River.
- A Community Mental Health Support Worker position was created for the West District to provide community support to elderly clients with mental health problems.

Palliative Care:

- Policy/Procedure was developed regarding Registration for the Palliative Care Program and also Eligibility Criteria for the Palliative Care Program.
- Provided local coordination for applications for entry into the new Provincial Palliative Care Drug Program.

Medical Services:

- Continued recruitment and retention strategies ensured that medical personnel were available in communities to provide necessary general and specialist medical services throughout the Region.

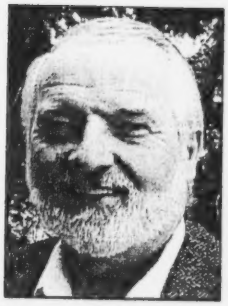
Corporate Services:

- Converted a service bureau payroll system to an in-house payroll system for PRHA operated facilities and programs.
- A regional Diabetic Education Resource database developed by Manitoba Health was put in place at the Dauphin Community Health office.
- A Sharps Disposal policy was developed, circulated, and provided throughout the Region.
- A staff directory of resources was developed.
- A project team was created to develop a framework for a healthy workplace environment.

Capital Plan Development:

- The design development stage of the new permanent health facility in Swan River was completed. Contract documents for the facility were also 97% complete at year-end.
- Mould remediation and restoration at the Swan Valley Personal Care Home was completed.
- The mould remediation and restoration project at the Swan Valley Lodge was started and is expected to be completed in 2003/04.
- Other projects started in 2002/03 included the expansion of laundry services at Grandview Personal Care Home, and upgrade of the air handling system at McCreary Alonsa Health Centre.

Board of Directors



Mervin Toderian, Chairperson – R.M. of Ochre River
Merv is a retired Geologist. He is the Past Chair of Burntwood Regional Health Authority, Past Chair of Manitoba Health Organizations Inc., and Past Chair - Thompson General Hospital.

Dorothy Connolly, Sifton
Dorothy is a retired Mental Health Professional. She is Chair of the Sifton Community Centre, local newsletter publisher, and is also a member of various events and fundraising committees.

Dr. James Compton, Dauphin
Jim is a retired physician. He has been involved in numerous boards in the City of Dauphin over the past 11 years. Presently, he is the Chairman of the Dauphin General Hospital Foundation and President of the Dauphin Chapter of the Heart and Stroke Foundation of Manitoba.

Myrtle Bilow, Birch River
Myrtle is a former committee member of Barrows School. She is currently a Board member of Treaty Land Entitlement for Manitoba First Nations and a First Nations Band member.

Board of Directors

Gordon Bishop, Ste. Rose
Gordon has held positions as Board member of the Dauphin Health Unit, past employee Addictions Foundation of Manitoba, past member of Ste. Rose District Ambulance Service, town councilor and former Mayor as well as Past President of the Ste. Rose Chamber of Commerce.

John Zaplitny, Gilbert Plains
John is the Regional Manager for Manitoba Public Insurance Corporation. He is also a Board member of the Parkland Regional Library and a member of the East Parkland Economic Development Corporation.

Heather Morden, McCreary
Heather is a former business person and school trustee. She is a past member of the Provincial Clean Environment Commission, Founding member/Director of the Turtle River Festival of the Arts, and the community support person/volunteer for the United Church Annual Fair.

Anna Stewart, Roblin
Anna is a former Board Member of the Roblin District Health Centre and was a Director of the Manitoba Health Organization. She is a Graduate of the Certificate Program in Health Care Administration from the University of Saskatchewan. Anna is currently employed as the Community Resource Coordinator for Roblin District Community Help Centre.

Board of Directors

Henry Borne , Dauphin
Henry is a retired farmer and former school trustee for Duck Mountain School Division #34 which he chaired for 4 years. He was a member of Keystone Ag Producers for eleven years, was Chair of District 11 for 4 years and Executive Member for 3 years.

Terry Vopni, Swan River
Terry farms just outside of Swan River. He currently sits on the Swan Valley Co-op Board, and has served on the Swan Valley Credit Union Board for nine years. He received his Bachelor of Science with honors in Geology.

Diane Kichuk, Minitonas

Diane is a past member of the Minitonas Arena Board and is a current Board member at a local church.

Monica Black, Bowsman
Monica is a trained nurses aide and a cook at the Swan Valley Hospital. Monica is second-vice chair on the Legion Board and involved with Ducks Unlimited. She is also a school bus driver for the Swan Valley School Division.

Board Goals and Actions

During 2002-2003, the Board undertook a review and revision of its Ends Policies[3]. The following Ends were adopted and/ or re-affirmed:

The vision of the Parkland Regional Health Authority is:
"Individuals, Families and Communities Achieving the Best Possible Health and Wellness."

In pursuit of its vision, the Authority exists so that there will be:

- Quality Treatment and Care for the Ill and Injured;
- Healthy Lifestyles;
- Healthy Environments;
- Optimal Quality of Life.

E-2 Quality Treatment and Care for the Ill and Injured

In order of priority, "Quality Treatment and Care for the Ill and Injured" is interpreted to include, but is not limited to:

1. Residents have access to health care services.
2. Residents receive effective care, treatment and education. With specific emphasis on diabetes, respiratory and cardiovascular disease, residents with chronic diseases have knowledge and skill to actively manage their illness and prevent complications.
3. Residents receive timely care.
    - 3.1 Residents receive timely, effective response to emergencies and illness.
    - 3.2 Pre-hospital care is available within 30 minutes.
4. Residents receive appropriate care in the right setting.
5. Health facilities and services are prepared to respond to possible internal and external disasters.

The Vision of the Parkland Regional Health Authority is...

..."Individuals, Families and Communities Achieving the Best Possible Health and Wellness."

In pursuit of its Vision the Authority exists so that there will be:

- **Quality treatment and Care for the Ill and Injured;**
- **Healthy Lifestyles;**
- **Healthy Environments;**
- **Optimal Quality of Life.**

[3] Ends are the measurable goals, impacts and outcomes the Board wishes to achieve.

E-3 Healthy Lifestyles

In order of priority, the End, "Healthy Lifestyles" is interpreted to mean that individuals, families, and communities will make informed choices for health. It includes, but is not limited to:

1. With emphasis specifically on high risk groups, children have opportunity for healthy growth and development:
    - 1.1 Improved perinatal health for mother and infant as indicated by:
        - Increased initiation and duration of breastfeeding,
        - Decreased incidence of high birth weight infants,
        - Decreased alcohol consumption during pregnancy,and
        - Decreased smoking in prenatal/postnatal women.
    - 1.2 Improved nutrition.
    - 1.3 Decreased accidental injuries among children and youth.
    - 1.4 Increased physical fitness of youth and children.
    - 1.5 Early identification of deviations from optimal growth and development and emotional well-being.
    - 1.6 Decreased exposure to second hand smoke.
    - 1.7 Immunization rate of two-year-old children increased to 90%.
2. Increase in numbers of residents with healthy eating and fitness habits:
    - 2.1 Decrease in new cases of diabetes and cardiovascular disease.
3. Increase in participation in opportunities for early detection of disease.
4. Decrease incidence of teen pregnancies.
5. Decrease in addictions:
    - 5.1. Decreased use of tobacco products particularly with youth.
6. Reduction in preventable communicable diseases.
7. Decrease in preventable injuries.

E-4 Healthy Environments

In order of priority, the End "Healthy Environments" is interpreted to mean the physical environment and is to include, but is not limited to:

1. Reduced incidence of respiratory illness.
2. Decrease environment-related illness:
    - 2.1 Public awareness of preventive measures for environmental related illness.
    - 2.2 Increased number of public buildings free of environmental tobacco smoke.
3. Ensure safe disposal of biomedical waste.
4. Reduce incidence of water-borne illness.

E-5 Optimal Quality of Life

In order of priority, the End "Optimal Quality of Life" is interpreted to include, but is not limited to:

1. Community members remain independent and active as long as possible.
    - 1.1 Seniors have community-based health services appropriate to their needs.
2. Residents experience social and emotional well being.
    - 2.1 Healthy, safe, home and community environments.
    - 2.2 Decreased incidence of suicide.
3. The dying experience improved quality of life.
    - 3.1 Support services are available to family/significant others.

Specific to the Ends policies, the Board receives monitoring reports on the status of progress towards these Ends. These monitoring reports provide an overview of the organization's activities relative to each End and identified gaps, inconsistencies, and plans in response to these over the next period of time.

On their part, the Board reviews the organization's progress towards its declared Ends, determines whether or not progress is satisfactory, and evaluates the CEO's (and the organization's) performance based on these results. As well, the Board may review and/or modify the Board's Ends and expectations for the following reporting period.

Health Authority Communications

Visit us on the Web www.prha.mb.ca or Check out one of our regular publications.

The Parkland Regional Health Authority has established a communications and public relations strategy which is designed to reach its key audience- residents of the Parkland Region.

Community Relations Coordinator Blaine Kraushaar oversees some of the major communication initiatives which are in place to keep both Parkland residents and staff informed. Over the 2002-2003 year, a weekly radio show called **"Health Beat"** aired on local radio station ***730 CKDM Radio*** in Dauphin. This program allows the PRHA and its partner organizations an opportunity to get key messages out to the general public. This radio station has a potential listening area of over 44 thousand people.

Some of the topics covered on the radio show during the year included:

- *Telehealth*
- *Accreditation*
- *Seniors safety*
- *Cancer care*
- *Flu campaign*
- *Palliative Care*
- *Hantavirus/Lyme Disease*
- *West Nile virus*

Topics that warrant special attention are given more exposure. A special open line show, focusing on second-hand smoke, was scripted by the PRHA and aired on CKDM in January 2003.

On the air- The PRHA partners with 730 CKDM Radio Dauphin to host "Health Beat" every Monday. As well, a special open line show on smoking was held in January 2003. From left, Healthy Dauphin's Bill Hart, CKDM News Director Leanne Persicke and PRHA Health Promotion Coordinator Fiona Jeffries.

Four **"Community Links"** newsletters were published and delivered to some *19- thousand households* in the Parkland Region during the 2002/2003 fiscal year. This newsletter covers health issues and concerns, communicates the Regional Health Authority's activities, and provides a vehicle to impart knowledge to the general public on injury and illness prevention and on health promotion. Some articles of note included:

- *Breast Screening Program*
- *Prostate Cancer public support group*
- *Flu and Pneumococcal vaccination information*
- *Family Practice Residency Program*
- *New ambulance and equipment purchases*

A special section of the **Community Links** was published in the spring of 2003, to recognize volunteers and volunteer organizations.

The second edition of ***"Annual Report to the Community"*** was also printed in Winter 2002. This edition focused on highlights of the PRHA fiscal year as well as the guest presentation at the Annual General Meeting and a Health Planning update.

During the year, a greater emphasis was made to attend community events to promote and publicize some of the programs and initiatives of the PRHA. In January 2003, project members from the Regional Environment Team, along with Public Health staff, took part in the two-day Challenges of Production Agricultural Seminar. They set up a display booth to promote the RHA's new **Sharps Disposal Initiative-** linked to the safe containment and disposal of needles, syringes and other sharps materials. There was also information presented to the agricultural industry around communicable diseases like Hantavirus, Lyme Disease, and Q-Fever.

In February, the Regional Diabetes Coordinator along with representatives of the Sharps Project Team participated in a ***Diabetes Care Fair*** in Dauphin.

A staff **"Regional Link"** newsletter was published four times in 2002-2003. Nearly 1200 copies of this publication went out quarterly; they are used as a vehicle to communicate with staff, physicians, and funded agencies in the Region.

Sharps Disposal Initiative- Helen Sweetman, left, and Shirley Mischuk, represent the PRHA Environment Team at the 2003 Challenges of Production Seminar in Dauphin.

Topics covered in this publication include staff and education announcements, workplace health and safety issues, legislative and policy introduction (such as the Personal Health Information Act), health planning, Board Ends and staff awards and recognition.

All of the Parkland Regional Health Authority's **regular meetings** are open to the public and we rotate the venue of our meetings throughout the Region in order to make our meetings and our Board accessible to the public. Members of the public and special interest groups may make presentations to the Board by appointment.

A summary package of Board reports and minutes is put together after regular Board meetings and is sent to local media in the Region. Once approved, Board meeting minutes are posted on the PRHA website.

In conjunction with its regular meetings, the Board also hosts informal meetings with representatives of the Region's **municipalities** when in their locales. This allows municipal representatives to express their views and concerns informally as well as formally. In 2002/2003 these meetings were expanded to include representatives of **School Divisions** and members of **affiliated facility boards.** A follow-up letter is always issued after these informal meetings to summarize discussions and any future action which may be required.

Annual General Meeting- The guest speaker at the Annual General Meeting in November 2002 was Tom Keep, from the City of Brandon. He spoke about the City's no-smoking bylaw.

The Board's **Annual General Meeting** is held in November and is open to the public. In November 2002, Mr. Tom Keep, Public Relations Officer for the City of Brandon, was the guest speaker at the AGM. Mr. Keep spoke about Brandon's experience with the development and implementation of a no-smoking bylaw.

The Parkland Regional Health Authority's **website** (www.prha.mb.ca) contains information on the Board, Board minutes, Board By-Laws, Advisory Councils, meeting schedules, media releases, Community Health Assessments, and policies.

Section 2
Health Status Highlights

Health Status Highlights

The following data provides information that is used to describe and track the health of the Parkland population. Wherever possible the data presented is from 2001-2002 and updates previous report information. In some areas the information is collected from national surveys that are repeated every four years.

Research has identified several key factors that influence population health. These include our lifestyle practices, healthy childhood development, education level, social support, employment and working conditions, physical environment, income, genetic make-up and health services. The following indicators have been selected to provide a snapshot of the health status of residents of the Parkland Region.

Definitions:

Crude rates refer to the actual number of cases observed for a defined population in a given time period. Crude rates describe how many people could potentially "walk through the door" with a given condition.

Standardized rates are the number of cases that would be observed in the population if it had the same age and gender composition as a reference or "standard" population.

Standardization is used so that regions that have different population distributions can be meaningfully compared.

Length of Life:

Premature Mortality Rates (PMR)

Death before age 75 is considered premature. The premature mortality rate indicates the rate of premature death among residents of the Region. It has been suggested as the best single indicator of health status capturing the need for health care. It is strongly associated with most of the self-reported health status indicators and physical measures used in the Health and Lifestyle Survey. In short, populations that have higher premature mortality rates are also more likely to report their health to be poor, to report a higher number of symptoms and to report being sick more often.

Average Annual Standardized Premature Mortality Rate:

	1994-1998
Parkland Region	3.65/1000
Manitoba	3.46/1000

Source: Manitoba Health

The Parkland standardized PMR rate is the sixth highest rate of all the Regions in the Province.

Premature Mortality for Parkland Region

Crude Rate per 1000 population

1991-1995	1995-2000
4.44	4.12

Source: Manitoba Centre for Health Policy

Health Status Highlights

The following data provides information that is used to describe and track the health of the Parkland population. Wherever possible the data presented is from 2001-2002 and updates previous report information. In some areas the information is collected from national surveys that are repeated every four years.

Research has identified several key factors that influence population health. These include our lifestyle practices, healthy childhood development, education level, social support, employment and working conditions, physical environment, income, genetic make-up and health services. The following indicators have been selected to provide a snapshot of the health status of residents of the Parkland Region.

Definitions:

Crude rates refer to the actual number of cases observed for a defined population in a given time period. Crude rates describe how many people could potentially "walk through the door" with a given condition.

Standardized rates are the number of cases that would be observed in the population if it had the same age and gender composition as a reference or "standard" population.

Standardization is used so that regions that have different population distributions can be meaningfully compared.

Length of Life:

Premature Mortality Rates (PMR)

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Life Expectancy at Birth

The longer the life expectancy, the healthier the population. It describes the experience of all people in the population, not just those ages 0 – 74 (as for the premature mortality measure).

Parkland Region's Life Expectancy			
MALES		FEMALES	
1991-1995	1996-2000	1991-1995	1996-2000
75.28	75.32	82.58	81.21

Source: Manitoba Centre for Health Policy

Potential Years of Life Lost [4](PYLL):

Leading causes of Potential Years of Life Lost in the Parkland Region (ranked from highest to lowest) are:

FEMALES:	PYLL	MALES:	PYLL
Motor vehicle traffic accidents	575	Ischemic heart disease	1382
Ischemic heart disease	453	Suicide	1025
Trachea/Bronchus & lung cancer	344	Motor vehicle traffic accidents	993
Breast cancer	205	Trachea/bronchus & lung cancer	582
Cerebrovascular diseases	204	Cancer of the large intestine & rectum	278
Suicide	203	Cerebrovascular diseases	252
Ovarian cancer	133	Non-Hodgkins lymphoma	243
Non-Hodgkins lymphoma	122	Diabetes	241
Accidental falls	107	Ill-defined/Unknown causes	175
Diabetes	91	Pneumonia and influenza	159

Source: Manitoba Health 1994 -1998

Ischemic Heart Disease accounted for 453 potential years of life lost for women, and 1,382 potential years of life lost for men from 1994-1998. Motor vehicle traffic accidents accounted for 575 potential years of life lost for women and 993 years for men.

Deaths

Standardized Mortality Rates

Standardized Mortality Rates include all deaths regardless of age. Average annual rates give us a more stable rate than would yearly rates.

Parkland	Manitoba
781.07/100,000	752.52/100,000

Source: Manitoba Health (1994-1998)

[4] PYLL is the number of years of life "lost" when a person dies prematurely before age 75.

Parkland's rate is the sixth highest rate amongst Manitoba's twelve geographic Health Regions.

Infant Mortality Rates

Infant Mortality Rates have been calculated using data from the fiscal years 1995/96 to 1998/1999. On average, during the four-year period, the yearly rate of infant mortality for the Parkland Region was 4.34 per 1000 live births. The Manitoba rate was 6.94/1000.

Causes of Death

The five leading causes of death in the Parkland Region:

WOMEN:	MEN:
1) Diseases of the circulatory system	1) Diseases of the circulatory system
2) Neoplasms (tumors)	2) Neoplasms (tumors)
3) Diseases of the Respiratory system	3) Diseases of the respiratory system
4)Endocrine, Metabolic and Immunity disorders & Diseases of the Digestive system	4) External causes
5) External causes	5) Endocrine, Metabolism and Immunity disorders

Source: Manitoba Health 1992-2001

Conditions and Diseases:

Birth Weight Rate

Low birth weight has been identified as a principal risk factor associated with infant mortality. Factors associated with low birth weight include: smoking, poor diet during pregnancy, low birth weight prior to pregnancy, poverty and pregnancy at very early or late ages. High birth weight is a risk for complication during delivery and development of diabetes and obesity later in the child's life.

Cases per 1000 population	2001/2002	
	Parkland	Manitoba
Low Birth Weight (less than 2500 grams)	1.7/1000	1.4/1000
High Birth Weight (greater than 4000 grams)	10.4/1000	3.8/1000

Source: Manitoba Health 2001/02

Incidence of Selected Cancers

Data cited is from the most current statistics 1996 – 2000. Incidence may reflect the effectiveness of primary and secondary prevention efforts. The following are standardized incidence rates (per 100,000 population).

Melanoma –Parkland: 9.4/100,000 for males and 9.1/100,000 for females compared to Provincial rates of 12.6 and 9.4 respectively.

Breast –Parkland females: 115.0/100,000 population compared to the Provincial rate of 117.1.

Cervix –Parkland: 10.5, the third highest rate in the Province. The Provincial Value is 9.5 /100,000.

Prostate –Parkland: 140.3, the third highest rate in the Province. The Provincial rate is 137.4/100,000.

Definitions:

Incidence is the number of new cases occurring in a given time period.
Prevalence is the number of existing cases in a given time period.
If concerted effort at detection takes place, incidence increases. However, early detection may lower morbidity and mortality.
(Morbidity is the proportion of a specific disease in a geographical locality)

Incidence Rate per 100,000 of Population		Parkland	Manitoba
Melanoma	Male	9.4	12.6
	Female	9.1	9.4
Breast	Female	115.0	117.1
Cervical		10.7	9.5
Prostrate		140.3	137.4

Incidence of Selected Notifiable Diseases

Chlamydia - The age standardized rate 277.9/ 100,000 compared to 281.8/100,000 Manitoba rate in 2001.

Shigellosis - No cases were reported in 2000. Data was not available for 2001.

Tuberculosis - There were no reported cases in 2001.

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Incidence and Prevalence of Diabetes Mellitus

Diabetes accounts for a significant number of hospitalizations in the Parkland region.

	Incidence	Prevalence
Parkland (total)	62.6/10,000	646/10,000
Manitoba (total)	50.5/10,000	501/10,000
Parkland (Treaty only)	98/10,000	Not available
Manitoba (Treaty only)	74/10,000	Not available

SOURCE: MANITOBA HEALTH 1999

Mental Health

Suicide Rates - Parkland Region's average annual standardized rate of death due to suicide (1994-1998) is 18.23 per 100,000 population. The Provincial standardized rate for death due to suicide is 11.26 deaths per 100,000 population.

Psychiatric Hospitalizations – The most recent statistics (1999/2000) indicate that the Parkland Region rate for psychiatric discharges was 707 discharges/year/100,000 population. This compares to the provincial rate of 476.48 psychiatric discharges.

Determinants of Health:

Childhood Immunization Coverage Rates

Coverage rate is the number of children immunized over the number of children in that age group. Coverage rates are based on the Manitoba Immunization Monitoring System data for two-year old children (children who were two by June 1, 2002).

MMR (measles, mumps, rubella)	98%
DaPTP (diptheria, acellular pertusis (whooping cough), tetanus, polio)	89%

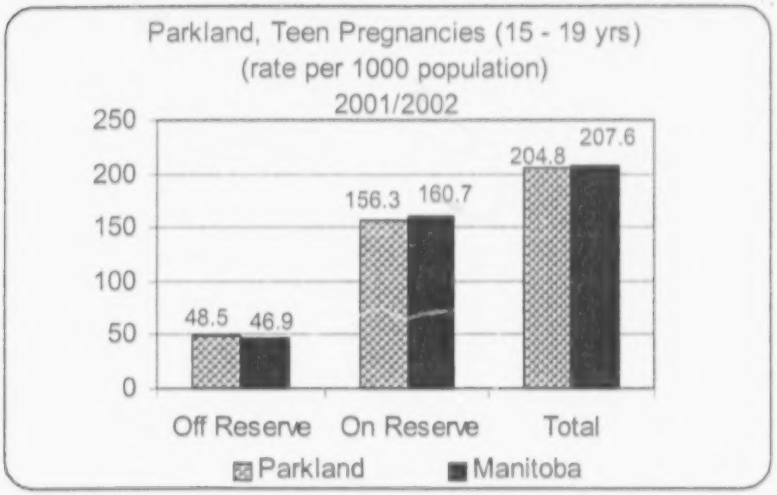
Proportion of Infants Breastfed

Parkland Breastfeeding Initiation Rate for 1991-1995 was 64.82 per cent and for 1996-2000 was 70.62 per cent.

Teenage Pregnancy Rate (Rate per 1000 for women aged 15-19 years)

	Municipalities Including Off Reserve First Nations		First Nations On Reserve		Totals	
	Parkland	*Provincial*	*Parkland*	*Provincial*	*Parkland*	*Provincial*
1999/2000	55.6	54.2	235.3	169.6	67.4	60.1
2000/2001	50.1	50.2	176.0	139.3	60.4	55.0
2001/2002	48.5	46.9	156.3	160.7	57.8	53.1

Source: Manitoba Health



Personal Health Practices:
Cervical Cancer Screening (Rate per 1000 population)

	Parkland	Manitoba
1998-2001	511	596
1999-2002	499	595

Screening Mammography
Mammography screening may help detect breast cancer.

Rate / 1000	East District	Central District	West District	North District	Parkland Total	Manitoba Total
1999-2001	166.9	175.5	171.0	166.3	171	126.1
2000-2002	166.4	171.5	182.4	165.7	170.4	126

Smoking Rates
Parkland residents 12 years and older who are regular smokers breaks down to 25.1 % of females and 23.8 % of males compared to the Provincial rate of 25.3 % of females and 29.4 % of males.

Smoking During Pregnancy
In the Parkland Region, 37.3% of women smoke during pregnancy. The Provincial rate of women smoking during pregnancy is 28.2%. (1997-1998)

Obesity Rates

	Overweight Rate		Obesity Rate	
	Male	Female	Male	Female
Parkland	38%	31%	32%	24%
Manitoba	41%	29%	22%	19%

Source: Canadian Community Health Survey 2000

Physical Activity Level

The Canadian Community Health Survey (2000) indicated that 50% of Parkland residents have inactive leisure time compared to the provincial average of 49 %. It is estimated that only one third of our population is active enough to achieve health benefits from their efforts.

SOCIO-ECONOMICS:

Unemployment rate (Labour force age 15 and over) 1996-1999.

	1996	1997	1998	1999
Parkland	4.7%	5.3%	6.3%	6.4%
Manitoba	7.2%	6.5%	5.5%	5.6%

Section 3
2002/2003 Year's Activities

Community Health Assessment

The focus of the Health Assessment during 2001/2002 was on updating data, and preparing and delivering presentations based on the revised health status information.

The Parkland Regional Health Authority used the updated information to assist with planning. The Board used the updated data to review and modify their End statements.

A comprehensive study was undertaken in the RM of Lawrence in order to determine health needs of the area.

The Parkland Region is participating in a research project with the Manitoba Centre for Health Policy. The first deliverable will provide health status information at a District level. This report will form one of the building blocks for our next Comprehensive Health Assessment to be completed by September 2004.

Programs and Services

The Parkland Regional Health Authority provides a spectrum of health programs and services including community health services (public health, home care, community mental health, therapy services), acute hospital services, emergency health services, diagnostic services, long-term care, medical services and corporate services. These services are intended to improve the health status of communities and optimize the health of individuals and families.

Community Health Services

Public Health

Public Health services include a broad range of approaches and programs. Using an interdisciplinary and collaborative approach with communities and other service sectors, Public Health staff engage in activities related to health promotion, disease and injury prevention, and protection of the public. Specific focuses include healthy child development, healthy eating and fitness, tobacco reduction, community development, immunization programs, injury prevention, and communicable disease control.

"...Public Health Staff engage in activities related to health promotion, disease & injury prevention, & protection of the public."

Highlights of 2002/2003 Initiatives:
Healthy Childhood Development

- Provided regular Child Health Clinics in communities across the Region;
- Coordinated twice yearly Child Development Clinics for Dauphin and Swan River in partnership with the Child Development Clinic at Children's Hospital. Two pediatricians from Winnipeg attend to provide developmental assessments for at risk children of Parkland families;
- Held three preschool wellness fairs in the region, in partnership with school divisions and other community groups; with nutrition screening and counseling offered to parents of preschoolers
- In partnership with Manitoba Health and Sudbury & District Health Unit, finalized terms for participation in research to further refine a parent-administered *NutriSTEP* preschool nutrition screening tool;
- Participated on the Manitoba *BabyFriendly*™ Coordinating Committee which developed and shared information and strategies to promote breastfeeding in the Region and across the Province, including participation and promotion of Telehealth breastfeeding clinical and research rounds;

Breastfeeding Promotion- As part of World Breastfeeding Week, these three new moms took part in the Parkland Breastfeeding Promotion Committee's Breastfeeding Challenge in October 2002.

- Participated in World Breastfeeding Week activities which included the "Breastfeeding Challenge" and presentation of gifts to breastfeeding mom and baby born during that week;
- Continued to develop activities and resources and present information sessions to prenatal/postnatal families for the *Growing Healthy Families Healthy Baby* program in the Region and began milk/milk coupon distribution to these clients;
- Through partnerships with reserves, aboriginal *Head Start* programs, nursery schools, day cares and parent child centers, facilitated sessions on prenatal nutrition, importance of mother's milk, making homemade baby food, healthy snacks, division of responsibility in feeding, and appropriate portion sizes for children;

Parent Camp- A two-day parent camp was held in Swan River in October 2002. The workshop promoted enhanced parenting skills.

- In partnership with Frontier School Division, developed and implemented a resource guide for the healthy food policy for schools and offices which was implemented in 8 schools in the region and participated in ongoing evaluation of the policy;
- In partnership with schools, provided healthy eating displays and activities for health fairs and sports events, as well as in-classroom presentations on healthy eating and body image; participated in the review process for *Mission Nutrition* materials for kindergarten to grade 5 to support the new healthy lifestyles curriculum;
- Provided nutrition and meal planning support to school divisions, individual schools, and friendship centres who sponsor breakfast, snack or lunch programs for school age;
- Organized a water safety picnic in Camperville for children and their families in partnership with Canadian Red Cross, Camperville Fire Department, Camperville Recreation Commission, RCMP, PRHA Emergency Medical Services and Louisiana Pacific;

Diabetes Care Fair- Information about Diabetes was distributed at the Diabetes Care Fair in Dauphin in June 2002.

Healthy Eating and Fitness:

- Initiated a partnership with Recreation and Northern Affairs to develop a regional physical activity strategy.
- Participated in the SummerActive advisory group to promote physical activity
- In partnership with the South Parkland Branch of the Canadian Diabetes Association (CDA), assisted with the planning, promotion, implementation and evaluation of the *Steps 4 Health* program.
- Assisted with local promotion of the *To Life* program implemented by the CDA provincially to promote healthy lifestyles.
- Completed local implementation of the *First Step Program* (FSP), a research study involving a physical activity program for people with type 2 diabetes. Began next phase of study that involves supporting a FSP Peer Leader to provide the program to two more groups of program participants.
- Provided nutrition and meal planning support to adult residential and group homes in the region;
- Distributed information and delivered presentations regarding healthy lifestyles, diabetes and exercise, and risk factor reduction;
- Partnered in the creation of the Trans-Canada Trail through West District of Parkland;
- Supported and facilitated the development of a Women's Healthy Lifestyles group in Barrows; and

Award winners- The Healthy Dauphin Committee captured the 2002 Manitoba Public Health Association (MPHA) Distinguished Services Award.

- PRHA supports local food banks related to the issues of hunger, food security, and nutritional adequacy of diets.

Tobacco Reduction:

- Provided ongoing support to the Healthy Dauphin Tobacco Reduction Group through social marketing campaigns;
- Promoted smoking cessation and smoke-free spaces during National Non-Smoking Week;
- Shared information on policy development for smoke free spaces with employers and community groups;
- Supported a proposed no-smoking by-law for the Town of Roblin through advocacy, presentations and education.
- Supported a proposed resolution to ban smoking in all public halls and recreational facilities presented to the Association of Manitoba Municipalities;
- Participated in the Tobacco Control Workshop organized by MANTRA;
- Developed a regional position statement on second-hand smoke;
- Partnered with Frontier School Division to deliver the Lungs are for Life smoking prevention program to elementary and middle school children.

Healthy Community Concept- Roblin residents turned out to take part in an organizational meeting of "Healthy Roblin" in October 2002.

Health Protection

Flu shot- Ste. Rose Public Health Nurse Jennifer Rank, left, gives fellow health care worker Orise Assailly some preventative medicine.

Highlights of 2002/03 Initiatives:

- PRHA Annual Influenza Campaign 2002-2003 provided a total of 4,326 influenza immunizations to Parkland residents,

Influenza Immunization Rates:

	2000/01	2001-2002	2002-2003
Health Care Workers	665	657	574
Under 65 Years of Age (Household)	1,254	2,340	(105)
Over 65 Years of Age (High Risk)	5,012	4,084	(3646)
(No Risk)			(1)
Total Immunized	6,931	7,081	4326

- The Pneumococcal Immunization Program continued to be part of the Influenza immunization campaign with a total of 493 clients immunized by PHNs and /or at PCHs. This figure does not include pneumococcal vaccine provided at physician offices.

- Hep B immunization Program for Grade Four students has become part of the regular immunization program that PHNs provide for schools in the Region.

	2000-2001	2001-2002	2002-2003
Immunization Rate	83%	89%	88%

**Immunization rate= # of students completing the series / #eligible students*

- Public Health follow-up (including investigation, contact tracing and education) was provided for a total of 120 people diagnosed with a reportable communicable disease. Public Health Nurses also provided follow up to 285 contacts of communicable

diseases. Of these, 58 were contacts for tuberculosis, human and bovine; 150 were contacts for pertussis; and 74 were contacts for sexually transmitted diseases.

- Worked in partnership with the Canadian Food Inspection Agency, to provide follow-up and investigation of a total of 86 animal bites/exposures Rabies prophylaxis was provided to 11 people who had high-risk exposures. A regional process for reporting animal exposures was developed and implemented to provide consistency across the Region.
- Public Health staff provided follow up and education to 38 rubella susceptible women in the Parkland to ensure adequate protection and prevent congenital rubella.
- Public Health staff were involved in four outbreaks: two in a daycare setting, one for conjunctivitis and the other for Verotoxin E coli. There were four schools identified with Influenza-like lilness and one workplace with Q fever. Small round enteric virus (SREV) caused gastrointestinal illness in two Personal Care Homes, three Elderly Persons Housing complexes and in one school. MRSA (Methicillin-resistant Staphyloccal Aureus) was identified in 1 facility in Parkland and the organism spread causing an outbreak. This facility has now been identified as a facility that requires screening of patients hospitalized there on their return to facilities not identified as MRSA affected.
- Zoonotic diseases such as Q Fever and Bovine Tuberculosis presented particular challenges in follow up as there were no MB Health protocols to follow nor print resources for the public.
- West Nile Virus, a newly emerging disease in Canada, required a significant public Health response. Parkland identified 1 positive bird and 1 positive horse in 2002/03.
- A waterless hand cleaner procedure was developed for use by public health staff. An increase in hand washing to prevent spread of communicable diseases was the expected outcome.
- Public Health Nurses provided presentations regarding communicable disease prevention and management in a variety of settings across the Region.
- Public Healtn staff work closely with Manitoba Department of Conservation, other provincial departments and municipalities to monitor drinking water quality and food- and water-borne disease. There were four communities in Parkland with public water supply systems that are under a Boil Water Order/Advisory. Public Health staff also responded to recreational water issues such as Blue-Green algae and swimmer's itch.
- Public Information on Hantavirus, Lyme disease and West Nile Virus was distributed through various media outlets including radio (interviews, public service announcements) and print (fact sheets, posters, newspaper articles).
- The PRHA participated in consultations related to development of the Canadian Smallpox Contingency Plan. Public Health Nurses received preliminary education on Smallpox Vaccine administration.

Prevention and community health services are directed at persons, families and groups in communities who are at risk for developing a health problem, disease or disorder, and at reducing hazardous environments.

- Public Health officials (Public Health Inspectors and MOH) and the Director of Public Health Services participated in a training session related to Bill 2 - *The Security Management Act* and subsequent amendments to *The Public Health Act*.
- A Regional Communicable Disease Response Team has been implemented, using the Incident Command Structure, to address planning and response to WNv and other emerging diseases.

Challenges and Responses:

- Respond to the proposed increase in routine vaccinations available for children being offered through MB Health for 2003-2004 (Meningococcal; pneumococcal; varicella (for high risk children) and tetnus,diptheria and accelular pertussis for 14-16 year olds).
- Develop a Regional Travel Health program to accommodate increasing requests for Travel Health services and ensure competent practice
- Assess the blood and body fluid exposure incidents and procedures in the region, both facility and community, with the goal to develop a regional policy and reduce incidence.
- Develop a Regional Sexually Transmitted Disease (STD) Strategy in partnership with Manitoba Health and other stakeholders to decrease the incidence and prevalence of sexually transmitted infections in the region.
- Encourage MB Health to develop Communicable Disease Protocols for Q Fever, West Nile Virus, and Bovine Tuberculosis. In the absence of printed resources from MB Health, develop regional Fact sheets on Bovine Tuberculosis and Q Fever.
- Continue to use displays, educational sessions, and the media to increase public awareness related to the prevention of communicable diseases;
  - Increase awareness in the livestock owners of the risks of Q Fever,
  - Increase awareness of proper animal handling to decrease injuries and possible exposure to communicable diseases,
  - Promote adequate protection to prevent Hanta virus, Lyme disease, and West Nile Virus, etc.
- Continued partnership with relevant government departments and other stakeholders to monitor and ensure the safety of drinking water and recreational water quality to strengthen the Regional Communicable Disease Response to ensure an efficient, consistent, competent regional response to emerging communicable disease threats (e.g. SARS, pandemic flu, and WNv).

Prevention and Community Health Services

Highlights of 2002/03 Initiatives:

- Participated in social marketing on the subjects of bicycle helmet use, increasing physical activity, water safety, second-hand smoke, preventing sunburn, heat exhaustion and heat stroke, heart health, food safety, healthy eating, peanut-free school lunches, promotion of breastfeeding, and food security;
- Participated in development & implementation of a regional Sharps disposal policy to decrease the numbers of injuries related to sharps thereby decreasing the risk of contracting blood borne diseases. This initiative included the development of a public

education campaign (pamphlets, posters, and newspaper articles and radio Public Service Announcements);

- Actively promoted prevention of West Nile virus by encouraging personal protection from mosquitoes and environmental activities such as reducing mosquito-breeding sites around home. Also supported the Provincial education campaign to involve the public in bird surveillance to detect the presence of WNv in our Region;
- Presentations were made to students regarding the prevention of Sexually Transmitted Infections in several schools across the Region
- Injury prevention continued to be a priority through partnerships and social marketing. Activities include *Safe Kids Week, Farm Safety Camps, Water Safety Picnics* and education through local media and the Community Links.
- Delivered the *Lungs are for Life* smoking prevention program to elementary and middle school children in the region;
- Continued to work with the *Manitoba Cervical Screening Program* to develop a Strategy for our Region to increase our cervical screening rates through promotion, education and screening.
- In partnership with the *Parkland Women's Wellness Network, Health Canada* and the *Breast Cancer Centre of Hope*, organized a one day Breast Cancer/Health Conference for the Region;
- The Diabetes Teaching Manual was produced and presented to health care providers across the Region. Copies of the electronic version of the manual were also sent to all RHAs in the Province and other partnering agencies;
- Began pilot project for group diabetes self-management education program for people with type 2 diabetes;
- In partnership with Canadian Diabetes Association (CDA), implemented a Region-wide social-marketing campaign to promote the type 2 diabetes risk factor assessment campaign;
- With support from Manitoba Health's Diabetes and Chronic Diseases Unit, held a planning day to initiate development of the PRHA Regional Diabetes Program. Participants included many health care professionals from within the RHA, as well as partners from other agencies including West Region Tribal Council Health and the Northwest Métis Council; and,
- Initiated a pilot diabetes prevention project called *"Taking the Path to Active Healthy Living"* in one school, which paired a classroom activity with a home connection activity on healthy living.

Challenges and Responses:

- Promotion, protection and support of breastfeeding as a means of reducing the risk of chronic diseases, including asthma, cardiovascular disease, obesity, and diabetes in children, and breast and ovarian cancer and osteoporosis in mothers,
- Develop an injury prevention strategy for the Region that supports the Provincial Strategy.
- Continue to support replication of successful injury prevention initiatives in each district, such as the water safety picnic and the farm safety camps;
- Embrace opportunities to educate the public emphasizing safe animal handling to prevent animal bites and also to prevent spread of communicable diseases such as rabies, salmonella, etc.

- Continue to promote and support tobacco reduction initiatives in the Region;
- Develop a strategy in partnership with the Manitoba Cervical Screening Program to increase the cervical screening rates of the target population in Parkland.

Using a model that emphasizes promotion of care in the home, the Home Care Program augments the resources of family and the community, facilitates hospital discharges, and provides alternatives to entry to Personal Care Home for as long as is safely possible.

Home Care

Home Care is a comprehensive community based program that provides essential in-home supports to individuals, regardless of age, who require community health care services or assistance with daily living. The philosophy of the program is that individuals are more likely to achieve and maintain a high level of well being in the familiar environment of their own home.

Using a model that emphasizes promotion of care in the home, the Home Care Program augments the resources of family and the community, facilitates hospital discharges, and provides alternatives to entry to Personal Care Home for as long as is safely possible. Services are provided to elderly and disabled adults and children who would otherwise be at risk in the community. The Home Care Program facilitates admission to an appropriate facility when independence in the community is no longer a viable option. Activities of the Home Care Program are carried out by both professional and paraprofessional staff.

Highlights of 2002/03 Initiatives:

- Commenced development of Home Care Operational Manual. When completed, this manual will enhance consistency in program delivery across the Region as recommended in the regional review of the Home Care program completed last year;
- Commenced quarterly case reviews and chart audits for all new Home Care admissions;
- Finalized development of a Home Care Program information pamphlet;
- Reviewed and developed plans to revise the Home Care After Hours and On-Call systems;
- Developed and implemented system of "block care" in Winnipegosis;
- There were 1,063 people in the Home Care Program at year-end; and,
- Provided funding to 17 congregate Meal Programs in 11 communities in the Region, providing meals and socialization to over 270 frail elderly residents each week.

Community Meal Programs for Elderly – Number of Meals Served

	2000/01	2001/02	2002/03
Congregate Meal	55,609	59,879	60,889
Meals on Wheels	12,546	16,658	17,767
Total Meals Served	68,155	76,537	78,656

- Provided funding to Support Services to Seniors Community Resource Councils (CRC's) in Dauphin, Grandview, McCreary, Roblin, Rorketon, Ste. Rose and Swan River. These CRCs coordinate transportation services, shopping, friendly visiting, information and referral, and personal response systems.

Challenges and Responses:

- Continue to develop regularly scheduled hours of work positions for direct service staff as final details of the changes in the new Collective Agreement become available. This will assist in addressing the need to increase the consistency and reliability of the service;
- Continue the process of development of Home Care Operational Manuals and processes to enhance consistency of service provision across the Region;
- Continue addressing training needs of the Direct Service workforce; and,
- Continue to work on implementation of a computerized scheduling system for direct service workers.

Mental Health Services ensure that those who suffer from mental distress receive the care, services and support that they need to live with optimal independence and health.

Mental Health Services

Mental Health Services ensure that those who suffer from mental distress receive the care, services and support that they need to live with optimal independence and health. The model for community based mental health services includes an emphasis on working partnerships, building support networks and multidisciplinary service delivery/coordination.

Target groups include children and adolescents with mental health problems, adults with acute psychiatric needs, adults with severe and persistent mental illness and older adults with mental health problems.

Services include assessment, identification and case management, acute care treatment; mobile crisis intervention, crisis stabilization, long term care and treatment, supportive housing, self help and family support, intensive case management support, psychosocial rehabilitation including employment support/social/ recreation, and prevention/promotion/public education services.

Highlights of 2002/03 Initiatives:

- Mental Health Promotion Committee won a national award from the Canadian Psychiatric Association for their innovative suicide awareness campaign. This was a theme for mental illness awareness week in the fall of 2002.

- The Primary Health Care approach has provided an opportunity to enhance mental health primary prevention activities in the northern part of the Region.
- In recognition of workload and the need for clinical supervision a .5 clinical services supervisor was hired for Mental Health. This part time position is regional with a home base in Swan River.
- A Community Mental Health Support Worker position was created for the West District to provide community support to elderly clients with mental health problems.

Challenges and Responses:

- The departure of one of our psychiatrists has left the Region with one psychiatrist. Recruitment efforts continue.
- Clinical Psychologist went on maternity leave in January 2002. Coverage is being provided on an itinerant basis in her absence.
- The Region continues to have difficulty in accessing child psychiatry service. Efforts continue to develop a contract with Winnipeg professionals for some itinerant service in the Region.
- Institutional long-term care needs for Mental Health clients are a challenge. The PRHA is participating in a planning committee with Brandon Regional Health Authority to look at options for this population.
- The PRHA is participating in the initiation of a province wide roll out of dual diagnosis (Mental Health/addictions) initiative.

Child/Adolescent Acute Psychiatric Unit/Brandon – Parkland Admissions for 2002/2003

2000/2001	2001/2002	2002/03
15	18	25

Child/Adolescent Mental Health Program Case Count for 2002/2003

	2000/2001	2001/2002	2002/03
Cases Opened for Assessment	202	192	185
New Cases to Program	128	131	115
Re-opened to Program	74	61	70
Closed to Program	207	228	182

Community Mental Health Program Case Count for 2002/03

	2000/2001	2001/2002	2002/03
Cases Opened for Assessment	751	745	857
New Cases to Program	470	501	548
Re-Opened to Program	281	244	309
Closed to Program	681	729	803
Open Cases at Year-End	952	963	1026

Acute Care Psychiatric Unit Bed Utilization Case Count for 2002/2003

	2000/2001	2001/2002	2002/03
Admissions	209	205	214
Patient Days	2,726	2,797	2567
Average Length of Stay	13.6 days	10.8 days	15.95
Average Daily Census	7.5 patients	7.9 patients	7.0 patients

Mental Health Services for the Elderly Program Case Count for 2001/2002

	2000/2001	2001/2002	2002/03
Cases opened for Assessment	151	169	230
New Cases to Program	116	137	49
Re-Opened to Program	35	32	20
Closed to Program	127	135	170
Average Monthly Caseload	193	201	260
Education Sessions	14	19	7

Mental Health Promotion:

- Developed initiatives for Mental Health Promotion Week which included screening for anxiety disorders and awareness raising displays in five communities; and,
- Implemented activities for Mental Illness Awareness Week that included displays and screening for depression and post-traumatic stress disorder, and school presentations on depression and suicide in twelve communities.

Prestigious honour- Members of the Parkland Mental Health Promotion Committee planned community events for Mental Illness Awareness Week in 2002. The Team received National recognition for its efforts in the form of an award for innovation from the Canadian Psychiatric Association.

Community Development:

- Support provided for Prostate Cancer support groups;
- Presented on *"Getting to Know Your Community"* to a workshop held by Aboriginal and Northern Affairs;
- Provided support to Northwest Métis Council to submit a proposal for the Aboriginal Diabetes Initiative to address diabetes prevention and basic education in Métis communities. (The proposal was not approved by Health Canada);
- In partnership with Yellowquill College, assisted with education presentations for future Community Diabetes Workers being trained to provide basic diabetes education and prevention services for First Nation communities in the Parkland Region;

- Provided ongoing support to the coordination and implementation of Health Fairs;
- Continued to support the Parkland Women's Wellness Network, which serves as the Regional network for the Manitoba Breast Cancer Information and Support Network and assisted with organization of the Women's Wellness Workshop held in Swan River;
- Hosted a variety of forums and focus groups in partnership with community organizations;
- Assisted in organizing a fund raising event in Roblin for the Prairie Women on Snowmobiles;

- Continued to participate on the Program Planning Committee for the Summer Institute on Population Health Promotion; and,
- Continued to support the development and maintenance of Healthy Community Committees throughout the Region, including Roblin and Rorketon.

Mental Health Awareness- Gary Medwechuk, of the PRHA Mental Health Promotion Committee was one of the many committee members participating in public events during Mental Illness Awareness Week in October 2002.

Challenges and Responses:

- Continue to explore mechanisms to enhance access to information regarding health status and health behaviours of residents of the Region;
- Increase partnerships to promote, protect and support prenatal, infant and preschool nutrition;
- Increase regional access to smoking cessation support and programs;
- Urge community groups and local governments to develop smoke-free policies and by-laws;
- Initiate a consultation process with School Divisions and other key stakeholders to determine health priorities for schools and collaborate on a regional Healthy Schools initiative;
- Continue to identify and build partnerships to address the determinants of health through healthy public policy and by strengthening community action; and,
- Implement Primary Health Care and support building of capacity in targeted communities to support the goals of Population Health Promotion.

Therapy Services

These services help to improve and maintain the functional independence of clients with impaired functioning from injury, chronic disorders or disability. Services are provided in a range of settings, including the home/community, inpatient/outpatient services in facilities and long-term care facilities.

Rehabilitation is directed to improving or maintaining mobility and self-care, and helps people adapt to their altered abilities, and the environment in which they live and work. Services include physiotherapy, occupational therapy and speech/language pathology.

Rehabilitation is directed to improving or maintaining mobility and self-care, and helps people adapt to their altered abilities, and the environment in which they live and work.

Highlights of 2002/03 Initiatives:

- The Physiotherapy staff saw 1340 new inpatients/outpatients during 2001/02 with a total of 10,921 client visits. 1,594 new inpatients/outpatients were seen the previous year with a total of 10,298 client visits;
- The Occupational Therapy staff saw 490 new outpatients/inpatients during 2001/02 with a total of 3232 client visits. 424 new outpatients/inpatients were seen the previous year with a total of 2,024 client visits; and,
- The Speech Therapy staff saw 146 new clients with a total of 824 client visits. 55 new clients were seen the previous year with a total of 729 client visits.

Challenges and Responses:

- Recruitment and retention of professional therapy staff;
- Maintain access to services in a fair and equitable manner across the Region given available staff resources;
- Prioritize workload demands so available staff resources are utilized in the most effective and efficient manner;
- Provide appropriate support for professional staff so resources are utilized effectively and efficiently;
- Program planning for therapy programs that improves the quality and effectiveness of rehabilitation services; and,
- The development of a geriatric activation program to meet the needs of the frail elderly in the Region's acute care settings.

Acute Care Services

Acute care services provide active treatment to reduce the impact of medical conditions or disorders. People generally need acute-care services for short periods of time or periodic treatment for managing longer-term disorders such as multiple sclerosis.

Generally, acute care services are provided in a hospital setting. Basic or primary acute care services are provided throughout the Region including the facilities in Roblin, Grandview, Swan River, Winnipegosis, Dauphin, Ste. Rose and McCreary.

Acute care services provide active treatment to reduce the impact of medical conditions or disorders.

Our Region also provides a variety of specialized acute care services. Major surgical services are provided at Dauphin and minor surgical procedures are done in Swan River. Obstetrical services are provided in Dauphin, Swan River and Ste. Rose. Dauphin and Swan River have chemotherapy programs and hemodialysis is offered in Dauphin.

Highlights of 2002/03 Initiatives:

- Regional Working Groups have been established to develop policies, procedures and processes to enhance service delivery in response to the recommendations outlined in The Report of the Manitoba Pediatric Cardiac Surgery Inquest and resulting Review and Implementation Committee for the Report of the Manitoba Pediatric Cardiac Surgery Inquest;

- A single patient/resident care charting system has been adopted for use by all hospitals and personal care homes throughout the Region. This standardized charting system will provide a consistent approach to the recording of quality patient/resident care information which meets care provider needs, legal requirements and professional/organizational /Manitoba Health standards. The system chosen will also provide an auditing tool to ensure the quality of the documentation is maintained and identify areas of improvement; and,

- The Swan Valley Facilities Board held community meetings in Swan River, Cowan and Mafeking the week of November 18, 2002 to update the communities in the area on the progress of the new Swan Valley Health Centre project. Planning for the Health Centre continues.

Challenges and Responses:

- Continue Regional and local recruitment and retention strategies for Nurses, Health Care Aides and Pharmacists.

The following table indicates the acute care bed utilization for each facility in the Region over the past three years:

	2000/01		2001/02		2002/03	
Facility	No. of Acute Beds	Average Occupancy %	No. of Acute Beds	Average Occupancy %	No. of Acute Beds	Average Occupancy %
Dauphin	82	84.4	72	87.3	82	76.8
Swan River	32*	93.3	32*	95.0	32*	91.9
Ste. Rose	26	72.2	26	73.9	26	57.0
Roblin	25	54.8	25	57.4	25	62.0
Grandview	18	32.8	18	50.2	18	48.5
McCreary/ Alonsa	13	57.5	13	56.5	13	50.3
Winnipegosis	14	55.6	14	71.4	14	68.8
Benito	5	43.8	5	64.9	5	61.8
Total	215	72.0	205	72.3	215	70.0

**Bed reconfiguration due to temporary facilities at Swan River and Benito*

Emergency Health Services

Emergency Health Services include hospital emergency department services, ground ambulance and ambulance dispatch services as well as emergency health preparedness. Hospital emergency services are provided at Dauphin Regional Health Centre, Grandview Hospital, McCreary/Alonsa Health Centre, Roblin and District Health Centre, Ste. Rose General Hospital, Swan River General Hospital and Winnipegosis General Hospital on a 24 hour/7 day basis either through fee for service or contractual arrangements with area physicians.

Ground ambulance services are provided from the communities of Dauphin, Ethelbert, Gilbert Plains, Grandview, Roblin, Ste. Rose, Swan River, Waterhen and Winnipegosis.

Highlights of 2002/03 Initiatives:

- In conjunction with Manitoba Health, assigned 2 new Ambulances within the Region in Swan River and Ste. Rose;
- To enhance access to pre-hospital care in the northern part of the Region, a strategy was developed for service delivery in Mafeking and the surrounding area;
- A Region wide quality assurance reporting system was implemented in all ambulance services; and,
- In partnership with the Town and Rural Municipality Grandview councils, a strategy to rebuild the Grandview Ambulance was implemented.

Challenges and Responses:

- Establish a coordinated process for the transfer of patients within the Region for both interfacility and primary responses;

- Continue to work with communities to develop Non-transport First Response Agencies in the Region; and,
- Develop and implement Mutual Aid Agreements to provide backup ambulance service coverage during emergencies and increase coordination and integration of ambulance services across the Region.

Ambulance Utilization:

- There has been about a 5.0% increase in ambulance utilization throughout the Region over the last three years. Calls may be of an emergency nature or may be less urgent interfacility transfers etc. On average, the percentage of emergent calls over the past three years has been about 50% of the total ambulance calls.

The following tables provide a breakdown of the ambulance call volume utilization Regionally and by individual service:

Regional Summary of Ambulance Call Volume – 2000/01 – 2002/03

	Total Number of Calls			% of Regional Calls		
	2000/01	2001/02	2002/03	2000/01	2001/02	2002/03
Emergent Calls	1547	1899	1966	45.5	52.8	51.9
Non-Emergent Calls	1853	1695	1820	54.5	47.2	48.1
Total	**3400**	**3594**	**3786**	**100%**	**100%**	**100%**

Total Ambulance Call Volume by Service - 2000/01 – 2002/03

	Total Number of Calls			% of Regional Calls		
	2000/01	2001/02	2002/03	2000/01	2001/02	2002/03
Dauphin	896	1,017	1043	26.3	28.3	27.6
Ethelbert	56	35	84	1.6	1.0	2.2
Grandview	214	162	104	6.2	4.5	2.7
Gilbert Plains	149	113	145	4.4	3.1	3.8
Roblin	355	439	448	10.4	12.2	11.9
Winnipegosis	83	79	113	2.5	2.2	3.0
Ste.Rose/ McCreary	517	647	768	15.2	18	20.2
Waterhen	82	83	110	2.5	2.3	2.9
Swan River	1,048	1,019	971	30.8	28.4	25.7
Region Total	**3,400**	**3,594**	**3,786**	**100%**	**100%**	**100%**

Emergent Calls Comparison by Service 2000/01 – 2002/03

	Total Number of Emergent Calls			% of Regional Emergency Calls		
	2000/01	2001/02	2002/03	2000/01	2001/02	2002/03
Dauphin	458	560	606	24.7	29.4	30.9
Ethelbert	46	35	83	2.4	1.8	4.2
Grandview	52	52	25	2.8	2.7	1.3
Gilbert Plains	115	74	111	6.2	3.9	5.6
Roblin	171	186	211	9.3	9.8	10.8
Winnipegosis	55	57	52	2.9	3.0	2.6
Ste. Rose/McCreary	232	211	262	12.6	11.1	13.3
Waterhen	82	83	109	4.5	4.5	5.5
Swan River	642	641	507	34.6	33.8	25.8
Region Total	**1,853**	**1,899**	**1966**	**100%**	**100%**	**100%**

Diagnostic Services

Diagnostic Services are available in the acute care facilities including Dauphin Regional Health Centre, Grandview District Hospital, McCreary/Alonsa Health Centre, Roblin and District Health Centre, Ste. Rose General Hospital, Swan River Health Centre and Winnipegosis and District Health Centre. Basic Laboratory, X-ray and EKG testing is available at each site.

There is a visiting diagnostic service at Gilbert Plains Health Centre that provides Laboratory sample collection and basic X-ray and EKG testing.

Fluoroscopy (X-ray) and Computed Tomography (CT) services are performed at the Dauphin Regional Health Centre. Ultrasound service is provided in Dauphin with a visiting service to Swan River, Ste. Rose and Roblin.

Radiologists from Winnipeg provide professional services to Ste. Rose, McCreary, Grandview, Winnipegosis and Gilbert Plains sites, with Radiologists from Brandon directing service to Swan River, Benito and Roblin. The Dauphin Regional Health Centre receives Radiologist itinerant services from Winnipeg.

Highlights of 2002/2003 Initiatives:

- The Region approved the introduction of a new blood testing analysis to more accurately diagnose heart attacks. This new diagnostic tool, known as "cardiac markers", will provide timely, accurate information to aid in the appropriate diagnosis and treatment of patients with chest pain; and,
- Dauphin and Grandview supported Radiology Technologist students during four weeks of their rural rotation practicum providing technical instruction.

Challenges and Responses:

- Continue recruitment and retention strategies for Technologist staff. Implement recruitment strategies for Radiologist(s) to provide the professional support required to the radiology programs in the Region; and
- Improve and enhance accessibility to professional Radiology services in conjunction with the Teleradiology project.

The waiting times for elective specialty imaging procedures continue relatively unchanged as indicated in the table below:

Services	Waiting Time (weeks)		
	2000/01	2001/02	2002/03
Ultrasound	5	5	5.5
CT	3	4	3.5

Long Term Care

The goal of long term care is to maintain or increase a person's physical, social and psychological well-being to a maximum level, promote functional independence and improve the quality of a person's life. Care is provided in the least restrictive environment possible to an individual whose functional capacities are chronically impaired or are at risk of impairment. All personal care homes provide residential long-term care while some facilities also offer adult day care and respite programs.

Parkland Region has eleven personal care homes (PCHs) which include Dauphin PCH, Grandview PCH, Gilbert Plains Health Centre, Crocus Court PCH (Roblin), McCreary/Alonsa Health Centre, Dr. Gendreau PCH (Ste. Rose), Benito Health Centre, Winnipegosis-Mossey River PCH, St. Paul's Home (Dauphin), Swan Valley Lodge, and Swan River PCH.

Respite care is a component of the home care program provided in partnership with the long term care facility. This program provides short-term admissions to a personal care home for the purpose of providing a period of relief to families who care for a dependent person in the home. Respite care services are available in Roblin, Grandview, Gilbert Plains, Swan River, Benito and Dauphin.

Adult day care is a component of the home care program provided in partnership with the long term care facility. This service assists the client to maintain independent living status by providing an opportunity for recreation and socialization in a supportive environment. Adult day care programs are available throughout the Region including St. Paul's Home (Dauphin), Grandview Personal Care Home, Swan Valley Lodge, Benito Health Centre, Crocus Court Personal Care Home (Roblin), Dr. Gendreau Memorial Personal Care Home (Ste. Rose), and McCreary/Alonsa Health Centre.

Serenity Gardens- The ribbon cutting to officially recognize "Serenity Gardens" behind the Grandview Personal Care Home was held in September 2002.

Highlights of 2002/03 Initiatives:

- Developed action plans with the Personal Care Homes surveyed in the Region to address specific improvements required to meet Long Term Care Standards as identified in the Year 3 Manitoba Health Standards review; and,

- Established Working Groups to develop Regional policies and standardized processes as identified by the Manitoba Health Standards Review recommendations to enhance service delivery.

Challenges and Responses:

- Continue recruitment and retention strategies for Nurses and Health Care Aides.

The utilization of the long-term care beds in the Personal Care Homes throughout the Region over the past three years has remained fairly constant as indicated by the following table:

Long Term Care Resident Bed Utilization Excluding Respite Services

Facility	2000/01			2001/02			2002/03		
	No. of Beds	No. of Admiss-ions	% Bed Occu-pancy	No. of Beds	No. of Admiss-ions	% Bed Occu-pancy	No. of Beds	No. of Admiss-ions	% Bed Occu-pancy
Dauphin PCH	85	40	99.0	85*	34	98.5	85	29	98.9
St. Paul's Home	70	21	99.7	70	20	99.2	70	15	99.4
Swan Valley Lodge	65**	19	95.5	65**	19	97.0	55****	12	73.6
Dr. Gendreau PCH (Ste. Rose)	64	21	98.1	64	16	99.2	63	-	100.0
Swan Valley PCH	58	28	91.3	58***	28	86.0	58	35	97.4
Crocus Court PCH (Roblin)	59	20	98.2	59	13	99.2	59	18	99.5
Grandview PCH	39	15	95.0	39	11	97.9	39	7	99.0
Gilbert Plains Health Centre	29	8	98.3	29	8	99.3	29	13	99.7
McCreary Health Centre	20	2	99.7	20	3	97.2	20	11	97.6
Benito Health Centre	20	20	91.5	20	14	95.1	20	15	84.3
Winnipegosis Health Centre	20	11	97.0	20	6	98.5	20	4	99.4
Total	**529**	**205**	**97.0**	**529**	**172**	**95.53**	**518**	**159**	**95.3**

**3 beds closed from May 1 – June 13, 2001 due to mold remediation.*
***5 beds closed due to mold remediation.*
****15 Beds closed formally from September 2001 to middle of February 2002 for mold remediation. Restricted admission April 1, 2001 in preparation for the renovation project.*
***** Additional 10 beds temporarily closed due to mould remediation.*

The utilization of respite beds throughout the Region has remained fairly constant over the past 3 years as indicated on the following table:

Long Term Care Respite Services Comparison

	2000/01				2001/02				2002/03				
Facility	No. of Respite Beds	No. of Clients	No. of Admiss -ions.	% Bed Occu-pancy	No. of Respite Beds	No. of Clients	No. of Admiss -ions	% Bed Occu-pancy	No. of Respite Beds	No. of Clients	No. of Admiss -ions	No. of Respite days	% Bed Occu-pancy
Dauphin PCH	5	46	72	40.2	5**	49	92	62.5	5	50	83	1054	57.9
Dr. Gend-reau PCH	1	9	13	74.0	1	13	22	76.4	2	34	14	420	58.3
Swan Valley PCH	2	8	16	12.6	2	15	32	34.8	2	7	17	189	25.9
Crocus Court PCH	1	10	14	61.1	1***	13	19	100.0	1	9	13	160	43.8
Grand-view PCH	1	7	9	58.6	1	3	3	32.6	1****	2	2	14	6.0
Gilbert Plains PCH	1*	8	15	42.2	1	13	15	57.5	1	14	18	226	61.9
TOTAL	**11**	**96**	**139**	**42.0**	**11**	**106**	**183**	**56.2**	**12**	**116**	**147**	**2063**	**47.1**

**Respite bed closed from January – March 31, 2001 due to renovations.*
***Respite beds closed from May 1 – June 13, 2001 due to mold remediation.*
****Utilized 2 beds for respite.*
***** Respite bed permanently closed December 03, 2003*

Adult Day Care Utilization Comparison

The Adult Day Care programs offered in the following Personal Care Homes have remained fairly constant in their enrollment over the past three years.

	2000/01			2001/02			2002/03		
Program	Admitted	Separated	No. Active at Year End	Admitted	Separated	No. Active at Year End	Admitted	Separated	No. Active at Year End
St. Paul's Home	3	4	18	15	15	15	9	18	6
Grandview PCH	1	4	2	6	2	7	2	5	7
Swan Valley Lodge/Benito Health Centre	10	13	30	10	10	30	11	7	28
Dr. Gendreau PCH	8	18	57	5	15	47	3	14	55
Crocus Court PCH	3	5	6	7	5	8	5	7	5
McCreary/Alonsa Health Centre	1	7	13	3	3	3	1	0	7
Total	**26**	**51**	**126**	**46**	**50**	**110**	**31**	**51**	**108**

Palliative Care Services

These services provide skilled, compassionate, interdisciplinary professional and volunteer care for people whose disease does not respond to curative treatment. The goal is the best quality of life for individuals and their families. Service must be flexible and integrated and may be provided at home, in residential care facilities or hospitals.

Palliative Care strives to meet, through patient directed supportive interventions, the physical, social and spiritual needs of patients and families with sensitivity to personal, cultural and religious beliefs and practices.

Highlights of 2002/03 Initiatives:

- Developed a presentation regarding the Palliative Care Program. Presented to District Health Advisory Councils and commenced the process of traveling around the Region to present to facility and community health staff. Process will continue until presentations complete;
- Policy/Procedure developed regarding Registration for the Palliative Care Program and also Eligibility Criteria for the Palliative Care Program;
- Provided local coordination for applications for entry into the new Provincial Palliative Care Drug Program;
- Finalized development of an informational pamphlet for the Palliative Care Program; and,
- Finalized regional development of a Palliative Care Drug Handbook.

Challenges and Responses:

- Continue to work with other Regional Health Authorities and Manitoba Health in development of program standards and resources; and,
- Continue to provide educational resources, workshops, training, and support for staff and volunteers providing palliative care.

Palliative Care strives to meet, through patient directed supportive interventions, the physical, social and spiritual needs of patients and families, with sensitivity to personal, cultural and religious beliefs and practices.

Medical Services

Family physician medical services are available throughout the Parkland. This requires continual and repeated recruitment. Physicians are located in the communities of Dauphin, Grandview, Roblin, Swan River, Winnipegosis, Ste. Rose and McCreary and provide itinerant services to Gilbert Plains, Alonsa, Ethelbert, and Benito.

Resident specialist medical services in general surgery, obstetrics/gynecology, psychiatry and internal medicine are available in Dauphin. The Parkland Regional Health Authority and the University of Manitoba continue to support the Parkland Family Medicine Residency Unit in conjunction with physicians in Dauphin and Ste. Rose.

Highlights:

- Continued recruitment and retention strategies did ensure that medical personnel were available in communities to provide necessary general and specialist medical services throughout the Region.
- Developed a preliminary working relationship with the newly-created Office of Rural and Northern Health, which has its head office located in Dauphin.

Challenges and Responses:

- Efforts are being made to recruit at least one resident radiologist to the Parkland Region; and
- Continue to support the Family Practice Residency Program as well as encourage recruitment for further family practice residents.

2002 Family Medicine Residents- From front left, Dr. Angela Derksen, Dr. Bonnie Woolford, Dr. Jennifer Chan,Dr. Andrew Migay and Dr. Ken Hotson.

Corporate Services

These services include finance, payroll, information systems, material management, facility maintenance, human resources, risk management, laundry, health planning, accreditation, continuous quality improvement, and capital programs.

Highlights of 2002 – 2003:

- Conversion of a service bureau payroll system to an in-house payroll system was completed for PRHA operated facilities and programs;
- Upgraded the financial system general ledger and accounts payable modules for PRHA operated facilities and programs;
- A regional DER database developed by Manitoba Health was put in place at the Dauphin Community Health office;
- A Sharps Disposal policy was developed and circulated throughout the Region;
- A staff directory of resources was developed for the Region's service providers;
- An ad hoc committee was established to develop a risk management strategy and framework; and,
- A project team was created to develop a framework for a healthy workplace environment.

Challenges and Responses:

- Development of policies and process to ensure the Parkland RHA is compliant with new Workplace Safety and Health legislation;
- Continued rollout of payroll and financial system software to affiliate organizations;
- Completion of framework for both risk management and healthy workplace.
- Development of an energy management framework;
- Completion of accreditation report for Canadian Council on Health Services Administration; and,
- Planning and rollout of the community health needs assessment.

Capital Plan Development

Highlights of 2002-2003:

- The design development stage of the new permanent health facility in Swan River was completed. Contract documents for the facility were also 97% complete at year-end;
- Mould remediation and restoration at the Swan Valley Personal Care Home was completed;
- The mould remediation and restoration project at the Swan Valley Lodge was started and is expected to be completed in 2003/04; and,
- Other projects that were started in 2002/03 include the expansion of laundry services at Grandview Personal Care Home, and upgrade of the air handling system at McCreary Alonsa Health Centre.

Challenges and Responses:

- Continue to the next phase of the construction of the Swan Valley Health Centre and the Dauphin Community Health Building;
- Ensure that the following Safety and Security projects are completed in 2003/04:
    - Construction of new ambulance garage in Dauphin,
    - Upgrade of sprinkler system in Winnipegosis Health Centre,
    - Reshingling and repair of roof at Grandview PCH, and
    - Replacement of windows at Dauphin Regional Health Centre; and,
- Construction of new Primary Health Care Centre in Waterhen and Camperville.

Public Sector Compensation Disclosure Act

The Public Sector Compensation Disclosure Act requires that the RHA disclose to the Public, the amount of compensation it pays or provides in the fiscal year or calendar year directly or indirectly. Reported figures are to include:

- All overtime payments, retirement or severance payments, lump sum payments and vacation pay-outs;
- The value of loan or loan interest obligations that have been extinguished and the value of imputed interest benefits from loans;
- Long term incentive plan earnings and payouts;
- The value of the benefit derived from vehicles or allowances with respect to vehicles;
- The value of the benefit derived from living accommodation or any subsidy with respect to living accommodation;
- Payments made for exceptional benefits not provided to the majority of employees of the public sector body;
- Payments for memberships in recreational clubs or organizations; and,
- The value of any other payment or benefit that may be prescribed in the regulations.

Section 4
Audited Financial Statements

Parkland Regional Health Authority Inc.

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To the Board of Directors of Parkland Regional Health Authority Inc.

We have audited the consolidated statement of financial position of the Parkland Regional Health Authority Inc. as at March 31, 2003 and the consolidated statements of changes in net assets, operations and cash flows for the year then ended. These financial statements are the responsibility of the Board's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the Parkland Regional Health Authority Inc. as at March 31, 2003 and the results of its operations and its cash flows for the year then ended in accordance with the accounting principles disclosed in Note 2.

Dauphin, Manitoba

June 6, 2003

Chartered Accountants

Parkland Regional Health Authority Inc.
Consolidated Statement of Financial Position
As at March 31, 2003

	Contract	Devolved	2003	2002
Assets				
Current				
Cash	1,137,030	4,774,081	**5,911,111**	5,738,556
Temporary investments	203,655	13,601,937	**13,805,592**	13,695,177
Deferred benefits entitlement *(Note 3)*	2,898,864	2,667,674	**5,566,538**	5,835,843
Accounts receivable *(Note 4)*	429,832	696,559	**1,126,391**	1,718,999
Due from Manitoba Health *(Note 5)*	-	1,297,887	**1,297,887**	3,533,408
Inventory	343,578	1,096,594	**1,440,172**	1,323,925
Prepaid expenses	203,101	475,621	**678,722**	627,496
Inter-facility	471,061	(471,061)	-	-
	5,687,121	24,139,292	**29,826,413**	32,473,404
Long-term investments	200,161	-	**200,161**	7,157
Property, plant and equipment *(Note 6)*	21,646,719	39,580,080	**61,226,799**	58,449,778
Trust assets	35,460	24,766	**60,226**	110,435
Deferred benefits entitlement *(Note 3)*	710,048	2,592,822	**3,302,870**	2,587,323
	28,279,509	66,336,960	**94,616,469**	93,628,097

Continued on next page

Parkland Regional Health Authority Inc.
Consolidated Statement of Financial Position
As at March 31, 2003

	Contract	*Devolved*	*2003*	*2002*
Continued from previous page				
Liabilities				
Current				
Lines of credit	215,665	1,337,418	**1,553,083**	1,833,371
Accounts payable and accruals	559,348	3,131,791	**3,691,139**	4,895,688
Deferred benefits entitlement *(Note 3)*	2,898,864	2,667,674	**5,566,538**	5,835,843
Current portion of long-term debt *(Note 7)*	500,000	700,000	**1,200,000**	1,067,529
	4,173,877	7,836,883	**12,010,760**	13,632,431
Long-term debt *(Note 7)*	4,258,245	28,415,153	**32,673,398**	32,357,366
Deferred benefits entitlement *(Note 3)*	710,048	2,592,822	**3,302,870**	2,587,323
Deferred contributions *(Note 9)*	15,267,053	23,425,526	**38,692,579**	37,472,512
Trust liabilities	35,460	24,766	**60,226**	110,435
	24,444,683	62,295,150	**86,739,833**	86,160,067
Net Assets				
Invested in property, plant and equipment	2,105,907	945,753	**3,051,660**	2,641,128
Internally restricted for capital purposes	107,184	611,328	**718,512**	585,762
Unrestricted net assets	1,621,735	2,484,729	**4,106,464**	4,241,140
	3,834,826	4,041,810	**7,876,636**	7,468,030
	28,279,509	66,336,960	**94,616,469**	93,628,097

Approved on behalf of the Board

_____ **Director** _____ **Director**

The accompanying notes are an integral part of these financial statements.

Parkland Regional Health Authority Inc.

Consolidated Statement of Changes in Net Assets

For the year ended March 31, 2003

	Invested in property, plant and equipment	*Internally restricted for capital purposes*	*Unrestricted*	*2003 Total*	*2002 Total*
Balance, beginning of year	2,641,128	585,762	4,241,140	**7,468,030**	8,319,208
Excess (deficiency) of revenues over expenses	(350,612)	32,065	752,163	**433,616**	(428,751)
Investment in capital assets	761,144	100,685	(861,829)	-	-
Net transfers to deferred contributions	-	-	-	-	(422,427)
Net transfers from (to) foundations	-	-	(7,378)	**(7,378)**	-
Prior period adjustment	-	-	(17,632)	**(17,632)**	
Balance, end of year	3,051,660	718,512	4,106,464	**7,876,636**	7,468,030

The accompanying notes are an integral part of these financial statements.

Parkland Regional Health Authority Inc.

Consolidated Statement of Operations

For the year ended March 31, 2003

	Contract	*Devolved*	*2003*	*2002*
Revenues				
Manitoba Health operating income *(Note 8)*	22,960,394	53,678,494	**76,638,888**	71,330,043
Patient income	3,585,865	2,788,628	**6,374,493**	6,243,406
Other income	854,703	2,023,987	**2,878,690**	3,209,205
Amortization of deferred contributions	883,798	2,436,508	**3,320,306**	3,007,771
	28,284,760	60,927,617	**89,212,377**	83,790,425
Expenses				
Acute care	12,198,415	21,219,965	**33,418,380**	32,200,059
Long-term care	14,301,735	10,776,911	**25,078,646**	23,824,018
Homecare	189,690	8,209,290	**8,398,980**	8,422,695
Community and mental health	-	8,399,580	**8,399,580**	7,703,141
Interest on long-term debt	243,656	2,740,555	**2,984,211**	2,839,815
Medical remuneration	495,759	2,639,246	**3,135,005**	2,714,236
Regional health costs *(Note 9)*	-	1,133,590	**1,133,590**	1,066,716
Amortization of capital assets	1,112,383	2,580,103	**3,692,486**	3,062,148
Pre-retirement	159,426	267,360	**426,786**	338,643
Emergency response and transport	-	1,329,064	**1,329,064**	1,297,836
Laundry	-	782,033	**782,033**	749,869
	28,701,064	60,077,697	**88,778,761**	84,219,176
Excess (deficiency) of revenues over expenses	(416,304)	849,920	**433,616**	(428,751)

The accompanying notes are an integral part of these financial statements.

Parkland Regional Health Authority Inc.

Consolidated Statement of Cash Flows

For the year ended March 31, 2003

	Contract	*Devolved*	*2003*	*2002*
Cash provided by (used in)				
Operations				
Excess (deficiency) of revenues over expenses	(416,304)	849,920	**433,616**	(428,751)
Items not involving cash				
Amortization of capital assets	1,112,383	2,580,103	**3,692,486**	3,062,148
Amortization of deferred contributions	(883,798)	(2,436,508)	**(3,320,306)**	(3,007,771)
	(187,719)	993,515	**805,796**	(374,374)
Changes in non-cash operating working capital				
Trust assets	(37,872)	(12,337)	**(50,209)**	(72,952)
Temporary investments	967,575	(1,077,990)	**(110,415)**	(1,636,525)
Lines of credit	(1,617,706)	1,337,418	**(280,288)**	(4,876,769)
Trust liabilities	37,872	12,337	**50,209**	72,952
Accounts receivable	423,332	169,276	**592,608**	(281,514)
Due from Manitoba Health	991,344	1,244,177	**2,235,521**	275,643
Inventory	(1,658)	(114,589)	**(116,247)**	(112,544)
Prepaid expenses	(7,640)	(43,586)	**(51,226)**	33,266
Accounts payable	(1,516,672)	312,122	**(1,204,550)**	307,105
	(761,425)	1,826,828	**1,065,403**	(6,291,338)
Financing and Investing				
Decrease (increase) in property, plant and equipment	(1,405,980)	(5,063,527)	**(6,469,507)**	(3,371,097)
Decrease (increase) in long-term investments	(193,004)	-	**(193,004)**	172,995
Decrease (increase) in net assets	(496,071)	471,062	**(25,009)**	(422,427)
Increase (decrease) in deferred contributions	1,955,241	2,585,132	**4,540,373**	4,346,315
Increase (decrease) in long-term debt	1,110,128	(661,625)	**448,503**	5,893,724
	970,314	(2,668,958)	**(1,698,644)**	6,619,510
Increase (decrease) in cash and cash equivalents during the year	21,170	151,385	**172,555**	(46,202)
Cash and equivalents, beginning of year	1,115,860	4,622,696	**5,738,556**	5,784,758
Cash and equivalents, end of year	1,137,030	4,774,081	**5,911,111**	5,738,556

The accompanying notes are an integral part of these financial statements.

1. Organization

The Parkland Regional Health Authority Inc. is a non-profit organization incorporated without share capital under the laws of Manitoba. The Parkland Regional Health Authority Inc. is involved in the provision of health care services to persons resident in the Parkland Region.

The Parkland Regional Health Authority Inc. is a registered charity and, as such, is exempt from income tax and may issue income tax receipts to donors.

2. Significant accounting policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles except for the following policy described as deferred benefits entitlement:

Deferred benefits entitlement

The Authority records a liability for employee future benefits including accrued vacation entitlements, accrued overtime and accrued retirement obligations. An expense is not recorded, but instead an offsetting asset described as "Deferred Charges – Employee Future Benefits" is recorded to reflect the expected recovery of these costs from Manitoba Health in the future period in which the expenditures are made.

The following accounting policies are in accordance with Canadian generally accepted accounting principles:

Contributions received for the periodic repayment of long-term debt

Funding provided by Manitoba Health for the periodic repayment of long-term debt is recorded as a deferred contribution. Amortization to revenue of this deferred contribution is recorded on a straight-line basis over the estimated useful life of the related property, plant and equipment based on the total amount of the long-term debt.

Basis of accounting

These financial statements were prepared using the accrual basis of accounting. The accrual basis recognizes revenues as they become available and measurable; expenses are recognized as they are incurred and measurable as a result of receipts of goods or services and the creation of a legal obligation to pay.

Revenue recognition

The Parkland Regional Health Authority Inc. follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Basis of reporting

These financial statements include the accounts of all controlled not-for-profit organizations of the Parkland Regional Health Authority Inc. All significant inter-departmental transactions have been eliminated.

The assets, liabilities, and operations of the following not-for-profit operations have been included in these financial statements:

Devolved facilities:

Dauphin Regional Health Centre
Roblin District Heath Centre
Gilbert Plains Health Centre
Grandview Hospital District No. 3B
Dauphin & District Ambulance Service
Roblin & District Ambulance Service
Grandview Personal Care Home
Parkland Regional Hospital Laundry Ltd.

Contract facilities:

McCreary/Alonsa Health Centre
Hôpital Général – Ste. Rose – General Hospital
Swan Valley Lodge (1991) Inc.
Swan River Valley Hospital
Swan River Valley Personal Care Home Inc.
Benito Health Centre
Winnipegosis – Mossey River Personal Care Home Inc.
Winnipegosis General Hospital
St. Paul's Home (Inc.)
Dr. Gendreau Personal Care Home Inc.
Swan River Hospital District No. 1

The Parkland Regional Health Authority Inc. also receives funding from independent organizations which organize fundraising drives in various geographical areas exclusively for the use of the Parkland Regional Health Authority Inc. or its related entities. The extent of any funding provided by these independent entities is solely at the discretion of the board of directors of the independent entities.

A number of facilities within the Parkland Regional Health Authority Inc. receive donations from charitable foundations. As there is no control, significant influence or economic interest between the Parkland Regional Health Authority Inc. and these foundations no financial information regarding these foundations is reported or disclosed in the financial statements of the Parkland Regional Health Authority Inc.

Temporary investments

Temporary investments are stated at the lower of cost and market value.

Inventory

Inventory is stated at the lower of cost and replacement cost. Cost is determined on the first-in, first-out basis.

Property, plant and equipment

Purchased property, plant and equipment are recorded at cost. Amortization based on the estimated useful life of the asset is calculated as follows:

Buildings	20 to 40 years straight-line basis
Major equipment	4 to 20 years straight-line basis

Employee future benefits

The Authority has a contractual commitment to pay out to employees four days salary per year of service upon retirement if they comply with the following conditions:

a) have ten years service and have reached the age of 55, or
b) qualify for the "eighty" rule which is calculated by adding the number of years of service to the age of the employee

The Authority has recorded an accrual amount based on an actuarial valuation that includes employees who qualify at the year-end balance sheet date and an estimate for the remainder of the employees who have not yet met the criteria above. Funding for the retirement entitlement is recoverable from Manitoba Health on an out of globe basis in the year of payment. The effect of adopting the new recommendations was to increase the deferred retirement benefit charge and the accrued retirement obligation.

Each year, the Authority undertakes an actuarial valuation of the accrued retirement entitlements. The significant actuarial assumptions adopted in measuring the Authority's accrued retirement entitlements include mortality and withdrawal rates, a discount rate of 6.5% and a rate of salary increase of 4% plus age related merit/promotion scale with nil for disability.

Due from Manitoba Health

In Globe Funding

In Globe funding is funding approved by Manitoba Health for Regional Health Authority programs unless otherwise specified as Out of Globe funding. This includes volume changes and price increases for the five service categories of Acute Care, Long-Term Care, Community and Mental Health, Home Care and Emergency Response and Transport. All additional costs in these five service categories must be absorbed from within the global funding provided.

Any operating surplus greater than 2% of budget related to In Globe funding arrangements is recorded on the statement of financial position as a payable to Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time Manitoba Health determines what portion of the approved surplus may be retained by the Authority, or repaid to Manitoba Health.

Under Manitoba Health policy the Regional Health Authority is responsible for In Globe deficits, unless otherwise approved by Manitoba Health.

Out of Globe Funding

Out of Globe funding is funding approved by Manitoba Health for specific programs.

Any operating surplus related to Out of Globe funding arrangements is recorded on the statement of financial position as a payable to Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time Manitoba Health determines what portion of the approved surplus may be retained by the Authority, or repaid to Manitoba Health.

Conversely, any operating deficit related to Out of Globe funding arrangements is recorded on the statement of financial position as a receivable from Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time, Manitoba Health determines their final funding approvals which indicate the portion of the deficit that will be paid to the Authority. Any unapproved costs not paid by Manitoba Health are absorbed by the Authority.

Measurement uncertainty

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of certain assets and liabilities at the date of the financial statements and the reported amounts of certain revenues and expenses during the year. These estimates and assumptions are reviewed periodically and, as adjustments become necessary, they are reported in earnings in the periods in which they become known.

Financial instruments

The Parkland Regional Health Authority Inc.'s financial instruments consist of cash, accounts receivable, temporary investments, accounts payable, amounts due to (from) Manitoba Health and long-term debt. Unless otherwise noted, it is management's opinion that the Parkland Regional Health Authority Inc. is not exposed to significant interest, currency or credit risks arising from these financial instruments.

Fair Value

The carrying amount of cash, accounts receivable, temporary investments, accounts payable, amounts due to (from) Manitoba Health and accrued liabilities approximates their fair value due to the short-term maturities of these items. The carrying amount of the organization's loans approximates their fair value as the term loans have currently prevailing interest rates.

3. **Deferred benefits entitlement**

Accrued employee benefit costs, including vacation pay, unused statutory holiday pay, unpaid overtime and pre-retirement benefits are recorded. Changes in the amount of both the accrued liability for these costs and the change in the related amounts receivable from Manitoba Health are reflected in the statement of operations.

The pre-retirement benefits are determined by actuarial valuation. The latest actuarial valuation of the pre-retirement leave as of March 31, 2003-based on March 31, 2002 report - reports an obligation of $4,540,774 ($1,237,904 classified as a portion of the current assets and $3,302,870 as long-term).

4. Accounts receivable

	2003	*2002*
Ambulance	**85,383**	99,444
Residents	**71,772**	28,584
Patients	**75,723**	50,007
Other	**893,513**	1,540,964
	1,126,391	1,718,999

5. Due from Manitoba Health

Current years Operating Funding	**810,397**	74,111
Out of Globe – 1996/1997	**-**	77,826
Out of Globe – 1997/1998	**-**	104,361
Out of Globe – 1998/1999	**-**	(69,169)
Out of Globe – 1999/2000	**-**	150,984
Out of Globe – 2000/2001	**-**	(104,897)
Out of Globe – 2001/2002	**-**	54,133
Out of Globe – 2002/2003	**(108,851)**	-
Approved Capital Funding	**596,341**	3,246,059
	1,297,887	3,533,408

6. Property, plant and equipment

	Cost	*Accumulated Amortization*	*2003 Net Book Value*	*2002 Net Book Value*
Land	586,685	-	**586,685**	586,685
Buildings	75,815,282	(26,718,964)	**49,096,318**	48,071,790
Equipment	24,972,519	(18,397,277)	**6,575,242**	6,236,829
Construction in progress	4,968,554	-	**4,968,554**	3,554,474
	106,343,040	(45,116,241)	**61,226,799**	58,449,778

7. Long-term debt

	2003	*2002*
Mortgage Payable Held by the Canada Mortgage & Housing Corporation bearing interest at a rate of 9.625% and payments of $8,605 per month including interest and principal.	**966,522**	975,127
Demand Loan Held on behalf of the Dauphin Regional Health Centre by CIBC, bearing interest at a rate of 3.75% and repayable on demand.	**24,316**	24,316

	2003	2002
Debenture Payable Issued on behalf of Dauphin Regional Health Centre at 10.125% due 02/08/08, repayable $216,204 principal and interest monthly. The principal portion of the payments are held in a sinking fund which is also held on behalf of Dauphin Regional Health Centre by Manitoba Health. The balance of the sinking fund as at the year end was $11,637,696 which is reflected on the statement of financial position under temporary investments.	**20,550,000**	20,550,000
Mortgage Payable Held by Canada Mortgage & Housing Corporation at 8.00%. Security consists of a first mortgage on buildings, a letter of comfort from Manitoba Health, a promissory note signed by the facility and a borrowing resolution signed by the facility. Repayments of $2,679 principal and interest monthly.	**347,563**	352,163
Bank Loan Payable	-	6,155
Debenture Payable Held on behalf of Gilbert Plains Health Centre Inc. by Province of Manitoba at 11.125%, repayable $80,450 principal and interest annually.	**482,700**	563,150
Mortgage Payable Held by Canada Mortgage & Housing Corporation at 8.00%. Security consists of a first mortgage on buildings, a letter of comfort from Manitoba Health, a promissory note signed by the facility and a borrowing resolution signed by the facility. Repayable $2,245 principal and interest monthly.	**282,513**	287,022
Bank Loan Payable Held by CIBC on behalf of Parkland Regional Health Authority bearing interest at a rate of 6.375%, due March 31, 2005, repayable $44,872 principal and interest monthly.	**6,461,539**	7,000,000
Mortgage Payable Held by Canada Mortgage & Housing Corporation – 9.625%. Security consists of a first mortgage on buildings, a letter of comfort from Manitoba Health, a promissory note signed by the facility and a borrowing resolution signed by the facility. Repayable $2,336 principal and interest monthly.	**321,485**	324,281
Loan Payable Held by the Royal Bank of Canada. Interest charged at the lower of Royal Bank's flex financing rate and Royal Bank prime. Repayable $3,455 principal monthly plus interest.	**12,900**	64,560

	2003	*2002*
Debenture Payable Held on behalf of Hôpital Général – Ste. Rose – General Hospital by P7rovince of Manitoba at 13.63%, due 15/11/03, repayable $24,000 principal annually plus interest.	**18,000**	42,000
Mortgage Payable Held by Bank of Nova Scotia at 4.97%, due 01/01/06, repayable $3,769 principal and interest monthly.	**453,076**	475,409
Mortgage Payable Held by Canada Mortgage & Housing Corporation at 6.375%. Security consists of a first mortgage on buildings, a letter of comfort from Manitoba Health, a promissory note signed by the facility and a borrowing resolution signed by the facility, due 2019. Repayable $3,688 principal and interest monthly.	**456,152**	471,186
Loan Payable Held by TD Canada Trust, interest at prime less .50%, repayable at $1,530 per month.	**73,258**	91,618
Loan Payable Held by TD Canada Trust, interest at prime less .750%, Repayable at $6,625 per month.	**594,601**	-
Loan Payable	-	18,845
Loan Payable Held by Swan Valley Credit Union repayable $8,790 per month plus interest at 3.75%.	**860,404**	-
Loan Payable Held by the Canada Mortgage and Housing Corporation, repayable $3,124 per month including interest at 7.25%, maturing 01/12/22.	**396,296**	407,547
Loan Payable Held by TD Canada Trust, interest at prime less .50%. No fixed repayment terms.	**98,705**	120,725
Mortgage Payable Held by the Dauphin Plains Credit Union, repayable $14,105 per month plus interest at 6.25%.	**1,195,108**	1,367,983

Mortgage Payable		
Held by Canada Mortgage and Housing Corporation, repayable $2,235 per month including interest at 8.00%.	**278,260**	282,808
	33,873,398	33,424,895
Amount due within one year included in current liabilities	**1,200,000**	1,067,529
	32,673,398	32,357,366

Principal repayments required in each of the next five years are estimated as follows:

2004	1,200,000
2005	1,150,000
2006	1,150,000
2007	1,200,000
2008	1,100,000

8. Manitoba Health operating income

			2003
Revenue as per Manitoba's Health's final funding document			**76,705,691**
Add:	One-time funding adjustment	100,000	
	Pharmacist retention bonus	81,326	
	MSSP payroll arbitration award	372,483	
	Salary increments	710,518	
	Medical remuneration (prior year payment)	158,397	
			1,422,724
			78,128,415
Deduct:	Payments to Manitoba Health for surplus funding for out-of-globe items		**(108,851)**
Total funding approved by Manitoba Health			**78,019,564**
Add:	Other program revenue		
	Community Health Resource Centre	172,768	
	Northern Health Pelican Rapids	48,800	
	Hepatitis B Program	52,629	
	Influenza Program	29,122	
			303,319

		2003
Previous year settlement adjustments		497,215
Deduct:	Amounts recorded as deferred contributions for long-term debt repayments and/or future expenses	2,181,210)
		76,638,888

9. Regional health costs

	2003	*2002*
Corporate office salaries	595,684	577,203
Corporate office benefits	78,472	71,065
Expenses paid on behalf of facilities	42,826	65,920
Board expenses	93,559	80,221
Medical recruitment	5,427	-
Nursing formal education	32,558	-
Other	285,064	272,307
	1,133,590	1,066,716

10. Pension plan

Substantially all of the employees of the Authority are members of the Health Employees Pension Plan (HEPP) or the Civil Service Superannuation Plan (CSSP). HEPP is a multi-employer defined benefit pension plan, which is accounted for as a defined contribution plan. The plan is available to all eligible employees of the participating members of the Authority. Former civil servants transferred to the Authority could elect to remain members of the CSSP which is a government based defined benefit plan. All new Authority employees are eligible to join HEPP and not the CSSP.

The most recent actuarial valuation of the HEPP at December 31, 2002 indicated the Plan is fully funded. Contributions to the Plan made during the year by the Authority on behalf of its employees amounted to $1,274,268 and are included in the Statement of Operations. The Civil Service Superannuation Plan is unfunded and requires no contributions by the Authority.

11. Deferred contributions

Deferred contributions represent capital funding received from Manitoba Health or donations received from other sources restricted for the purchase of depreciable capital assets and/or future expenses.

12. Economic dependence

The Parkland Regional Health Authority Inc. received 86% of its total revenue for the year ended March 31, 2003 from Manitoba Health.

13. Comparative amounts

Certain of the prior year's figures have been restated in order to conform with the presentation adopted for the current year.

Section 5
Appendix

Appendix A

Advisory Councils

The Parkland Regional Health Authority relies on four Advisory Councils as one means of linking back to communities. These Advisory Councils are an important mechanism for participation and planning within the Parkland health system. The Board depends on health providers and community members to provide sound advice, and most importantly, to recommend practical community solutions. The role of Advisory Councils is to understand the issues, focus on priorities, balance alternative approaches and recommend solutions and actions to the Board.

The role of Advisory Councils is to understand the issues, focus on priorities, balance alternative approaches and recommend solutions and actions to the Board.

Provider Advisory Council

The Provider Advisory Council is another important communication vehicle for the Board when evaluating plans for the health system. The PRHA relies on health service providers to present sound advice and most importantly, recommend practical solutions. This applies to the Board's Ends policies, the Board's Executive Limitations policies and health planning. Membership in 2002/2003 consisted of:

-Terry Maxwell, Chair
-Lillian Stobbe
-Pat Tichon
-Bonnie Chartrand
-Arlene Shoemaker
-Rob McIntyre

Mental Health Advisory Council

The Regional Mental Health Advisory Council *(RMHAC)* acts in an advisory capacity to the Board and encourages citizens to participate in the development of comprehensive and cost-effective mental health services. RMHAC develops recommendations for the setting of mental health priorities and resource coordination in the Region. Membership in 2002/2003 consisted of:

-Gerald Shewchuk, Chair
-Ella Wynn
-Giselle Routhier
-Ben Fry
-Alex Bassett
-Garry Meadows
-Sylvia Reid
-Karen Muller
-Bridgette Therrien
-Lynda Mann
-Sheri Pedin
-Bridget Mroczko
-Ben Kardoes
-Joan Gryba
-Eleanor Snitka
-Anita Crate
-Wes Rumak

District Health Advisory Councils

The PRHA currently has two District Health Advisory Councils. The Eastern District Health Advisory Council *(EDHAC)* has representation from communities and the surrounding areas of Ethelbert, Winnipegosis, Ste. Rose, McCreary, Fork River, Gilbert Plains and Dauphin.

The Western District Health Advisory Council *(WDHAC)* has representation from communities and surrounding area of Swan River, Roblin and Grandview.

These two Councils generally meet four times a year, and as specific projects or issues arise. They are focal points for community participation and an important vehicle for two-way communication. Membership in 2002/2003 consisted of:

Eastern DHAC

Esther Fyk, Chair-	Ethelbert
Marlene Bouchard-	Ste. Rose
Diane Hrychuk-	Fork River
José Randell-	Gilbert Plains
Gloria Kostelnyk-	Winnipegosis
Robin Searle-	Dauphin
Jannett Terrick-	McCreary
Ollie Yaremchuk-	Dauphin
Joan Luke-	Ste. Rose
Bob Curle	Dauphin

Western DHAC

Diane Hamiwka, Chair-	Swan River
Lorene Ward-	Roblin
Marilyn Simpson-	Roblin
Anita Dixon	Roblin
Alf Dressler-	Grandview
Eve Baptiste-	Roblin
Amy Shaw-	Swan River
Barbara Grexton-	Grandview
Debra Wilson-	Roblin
Ellen Ledieu-	Roblin

District Health Advisory Councils

The PRHA currently has two District Health Advisory Councils. The Eastern District Health Advisory Council ***(EDHAC)*** has representation from communities and the surrounding areas of Ethelbert, Winnipegosis, Ste. Rose, McCreary, Fork River, Gilbert Plains and Dauphin.

The Western District Health Advisory Council ***(WDHAC)*** has representation from communities and surrounding area of Swan River, Roblin and Grandview.

These two Councils generally meet four times a year, and as specific projects or issues arise. They are focal points for community participation and an important vehicle for two-way communication. Membership in 2002/2003 consisted of:

Eastern DHAC

Esther Fyk, Chair-	Ethelbert
Marlene Bouchard-	Ste. Rose
Diane Hrychuk-	Fork River
José Randell-	Gilbert Plains
Gloria Kostelnyk-	Winnipegosis
Robin Searle-	Dauphin
Jannett Terrick-	McCreary
Ollie Yaremchuk-	Dauphin
Joan Luke-	Ste. Rose
Bob Curle	Dauphin

Western DHAC

Diane Hamiwka, Chair-	Swan River
Lorene Ward-	Roblin
Marilyn Simpson-	Roblin
Anita Dixon	Roblin
Alf Dressler-	Grandview
Eve Baptiste-	Roblin
Amy Shaw-	Swan River
Barbara Grexton-	Grandview
Debra Wilson-	Roblin
Ellen Ledieu-	Roblin

Spiritual Advisory Council

The Spiritual Advisory Council *(SAC)* aims at integrating spirituality into the health care system. This is done through the development of consistent standards, recommending educational options and by seeking to maintain a highly professional level of spiritual care in institutions. The Council develops recommendations for the setting of spiritual care priorities and resource coordination within the Region. Membership in 2002/2003 consisted of:

-Monsignor Michael Buyachok, Chair
-Simone Worral
-Olive Seale
-Pastor Allen Unger
-Reverend Margaret McCallum
-Pat Tichon
-Elvier Brunel
-Sister Jean Zemliak
-Angele Delaurier
-Sister Veronica Bartkiw
-Reverend David Johnston